STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015573	A. BUILDING: _____ B. WING _____	11/04/2025

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SERENITY ON OSBORNE	3700 OSBORNE BOULEVARD RACINE, WI 53405

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M 000	INITIAL COMMENTS On 11/03/2025 with information gathered through 11/04/2025, Surveyor conducted a standard survey, at Serenity On Osborne, an Adult Family Home (AFH) in Racine, WI. Twelve deficiencies were identified. One of the 12 deficiencies was a repeat deficiency from Statement of Deficiency KT0511, dated 01/14/2021. Census: 3	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 dependent population, the funds or property of adults or minors or	M 114		

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

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M 114	Continued From page 1 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 1 of 3 employees reviewed had a background check. Caregiver C did not have a complete background check. At a minimum, a complete caregiver background check completed for a caregiver consists of the following three documents: - A completed DHS form F-82064, Background Information Disclosure (BID). - A response from the Department of Justice (DOJ), either - A "no record found" response or - A criminal record transcript. - A Governmental Findings Report (previously "IBIS letter") from DHS that reports the person's status, including administrative finding or licensing restrictions. Findings include: On 11/03/2025, Surveyor reviewed caregiver records and identified the following:	M 114		

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M 114	Continued From page 2 Caregiver C -Caregiver C was hired on 04/29/2016. -Caregiver C's record included a BID, dated 04/29/2016. -Caregiver C's record included a DOJ, dated 06/17/2016. -Caregiver C's record did not contain a Governmental Findings Report. On 11/03/2025, at approximately 3:28 PM, Surveyor interviewed Administrator A. Administrator A confirmed Caregiver C's records did not contain evidence of a complete background check. Administrator A was unsure why Caregiver C's record did not include the Governmental Findings Report when s/he had the DOJ in the file.	M 114		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 employees (Caregiver B, Caregiver C, and Caregiver D) reviewed received training in standard	M 235		

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M 235	Continued From page 3	M 235		

precautions as required in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens, prior to providing care to residents and annually.

Caregiver B and Caregiver C did not receive training in standard precautions annually for 2023 and 2024.

Caregiver D did not receive training in standard precautions at the time of initial assignment of tasks where occupational exposure may have taken place and annually for 2024.

The OSHA standard requires the employer train each employee with occupational exposure, "At the time of initial assignment to tasks where occupational exposure may take place" per 1910.1030(g) (2)(ii)(A); and "At least annually thereafter," per 1910.1030(g)(2)(ii) (B).

Findings include:

On 11/03/2025, Surveyor reviewed caregiver records and identified the following:

Caregiver B
-Caregiver B was hired on 05/18/2015.
-Caregiver B's record did not have evidence of receiving standard precautions training in 2023 and 2024.

Caregiver C
-Caregiver C was hired on 04/29/2016.
-Caregiver C's record did not have evidence of receiving standard precautions training in 2023 and 2024.

Caregiver D

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M 235	Continued From page 4 -Caregiver D was hired on 04/03/2023. -Caregiver D's record did not contain documentation s/he received standard precaution training prior to providing care to residents. -Caregiver D's record did not have evidence of receiving standard precautions training in 2024. On 11/03/2025, at approximately 3:28 PM, Surveyor interviewed Administrator A. Administrator A reported caregivers worked directly with residents to meet all their needs including incontinence cares. Administrator A confirmed Caregiver B and Caregiver C did not receive standard precautions training in 2023 and 2024. Administrator A confirmed Caregiver D did not receive standard precaution training prior to providing care to residents and annually for 2024. Administrator A confirmed caregivers may encounter bloodborne pathogens.	M 235		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 service providers	M 244		

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M 244	Continued From page 5 (Caregiver C and Caregiver D) received training within 6 months after starting to provide care related to resident rights and fire safety. Findings include: On 11/03/2025, Surveyor reviewed caregiver records and identified the following: Caregiver C -Caregiver C was hired on 04/29/2016. -Caregiver C's employee record did not contain evidence of training related to resident rights. Caregiver D -Caregiver D was hired on 04/03/2023. -Caregiver D's employee record did not contain evidence of training related to fire safety. On 11/03/2025, at approximately 3:28 PM, Surveyor interviewed Administrator A. Administrator A confirmed Caregiver C's record did not contain evidence of resident rights training. Administrator A confirmed Caregiver D's record did not contain evidence of fire safety training. Administrator A reported s/he was responsible to ensure staff received required training. Administrator A reported s/he did not realize Caregiver C and Caregiver D did not receive the above-mentioned trainings.	M 244		
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	M 246		

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M 246	Continued From page 6 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 employee completed 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights, and treatment of residents for 1 of 3 service providers (Caregiver C) who required annual training. Caregiver C did not receive annual training in 2023 and 2024. Findings include: On 11/03/2025, Surveyor reviewed Caregiver C's record and identified the following: -Caregiver C was hired on 04/29/2016. -Caregiver C's record did not contain evidence of him/her receiving annual training in 2023 and 2024. On 11/03/2025, at approximately 3:28 PM, Surveyor interviewed Administrator A. Administrator A confirmed Caregiver C's records did not contain evidence of receiving annual training in 2023 and 2024. Administrator A stated moving forward s/he will ensure each employee completed 8 hours of annual training related to the health, safety, welfare, rights, and treatment of residents. CROSS REFERENCE M 244 88.04(5)(a) - Training - 15 Hours Within 6 Months	M 246		

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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 ensure a clean, well-maintained and homelike environment. The home required cleaning and repairs. This had the potential to affect 3 of 3 residents residing the home. This is a repeat deficiency. See Statement of Deficiency KT0511, dated 01/14/2021. Findings include: On 11/03/2025, at approximately 10:20 AM, Surveyor toured the home with Caregiver B and observed the following: -Door and door frames throughout home showed significant scratches. -Missing and dirty wall trimming throughout home. -Walls throughout home contained numerous dark scuff and scratch marks. -Walls throughout home showed significant signs of scraping.	M 276		

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M 276	Continued From page 8 -Walls (backsplash) in kitchen were dirty and peeling. -Kitchen cabinet doors and drawers were dirty and peeling. -Kitchen cabinets were dirty and rusted. -Kitchen flooring had discoloration throughout. -Kitchen flooring had the appearance of dirt build-up along the cabinetry. -Stove was dirty and rusted. -Splattered brown substance on both sides and on top of kitchen refrigerator. -Refrigerator and freezer doors were dirty with yellow substance. -Refrigerator and freezer door handles were dirty with yellow substance. -Refrigerator freezer door gasket contained food debris. -Kitchen sink near faucet was rusted with black substance. -Kitchen door (wood) was cracked. -Kitchen door had white chalk substance. -Thermostat was dirty and was not completely attached to the wall. -Missing wall backsplash near rear exit. -Missing carpet transition strip in living room.	M 276		

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M 276	Continued From page 9 -Wall vent between hallway and living room was caked with dust. -Ripped carpet areas near bathroom hallway. -Missing carpet transition strip near bathroom. On 11/03/2025, at approximately 11:16 AM, Surveyor interviewed Administrator A. Administrator A confirmed the above homelike environment issues. Administrator A reported s/he would ensure the homelike environment issues were addressed.	M 276		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 residents (Resident 3) reviewed was evaluated within 3 days of admission for evacuation time, using the department's form, for evacuation. Findings include: On 11/03/2025, Surveyor reviewed Resident 3's	M 344		

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M 344	Continued From page 10 record and identified the following: -Resident 3 was admitted to the provider's home on 04/21/2025. -Resident 3's record did not have evidence of a fire evacuation evaluation completed within 3 days of admission. On 11/03/2025, at approximately 10:37 AM, Surveyor interviewed Administrator A. Administrator A confirmed Resident 3 did not have an evacuation assessment completed. Administrator A reported s/he did not realize Resident 3 did not have an evacuation assessment completed.	M 344		
M 412	88.06(3)(d)1 DESCRIPTION OF SERVICES A description of services the licensee will provide to meet the assessed need. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have a description of services the licensee would provide to meet the assessed needs for 3 of 3 residents (Resident 1, Resident 2 and Resident 3) reviewed. Resident 1's, Resident 2's and Resident 3's Individual Service Plans (ISP) did not include their need for transportation. Findings include: On 11/03/2025, Surveyor reviewed resident	M 412		

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records and identified the following:

Resident 1
-Resident 1 was admitted to the provider's home on 10/17/2017.

-Resident 1's Member Care Plan (from the Managed Care Organization), dated 05/03/2025, stated the following: "Instrumental activities of daily living-person/agency providing assistance: Staff at [this home] provides instrumental activities of daily living to [Resident 1]."

-Resident 1's ISP was dated 08/05/2024. Resident 1's ISP did not describe his/her transportation needs.

Resident 2
-Resident 2 was admitted to the provider's home on 03/30/2022.

-Resident 2's Member Care Plan (from the Managed Care Organization), dated 09/01/2025, stated the following: "Instrumental activities of daily living-person/agency providing assistance: [Adult Family Home] Staff provide assistance with medication administration/management, meal preparation, laundry/chores, phone, and transportation."

-Resident 2's ISP was dated 08/20/2025. Resident 2's ISP did not describe his/her transportation needs.

Resident 3
-Resident 3 was admitted to the provider's home on 04/21/2025.

-Resident 3's ISP was dated 06/05/2025. Resident 3's ISP did not describe his/her

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M 412	Continued From page 12 transportation needs. On 11/03/2025, at approximately 9:05 AM, Surveyor interviewed Administrator A. Administrator A reported residents required assistance with transportation. Administrator A confirmed Resident 1's, Resident 2's and Resident 3's ISPs did not describe what their transportation needs were.	M 412		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 residents (Resident 2) individual service plan (ISP) reviewed included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 2's ISPs did not include a signed statement of agreement with all parties involved. Findings include: On 11/03/2025, Surveyor reviewed Resident 4's record and identified the following: -Resident 2 was admitted to the provider's home on 03/30/2022. -Resident 2 had a guardian. -Resident 2's ISPs dated 08/20/2025, was not signed by his/her guardian.	M 420		

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M 420	Continued From page 13 On 11/03/2025, at approximately 9:05 AM, Surveyor interviewed Administrator A. Administrator A confirmed Resident 2's ISP was not signed by his/her guardian. Administrator A stated moving forward s/he would ensure Resident 2's guardian sign his/her ISP.	M 420		
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 residents (Resident 1) reviewed had his/her individual service plan (ISP) reviewed every 6 months to determine continued appropriateness of the plan and to update the plan as necessary.	M 424		

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M 424	Continued From page 14 Findings include: On 11/03/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 10/17/2017. -Resident 1 had a guardian. -There was no evidence Resident 1's ISP was reviewed and updated after 08/05/2024. At minimum, Resident 1's ISP should have been reviewed and updated in February 2025. On 11/03/2025, at approximately 9:05 AM, Surveyor interviewed Administrator A. Administrator A confirmed s/he was aware Resident 1's ISP should have been reviewed at least once every 6 months to determine continued appropriateness of the plan and to update the plan as necessary. Administrator A stated moving forward s/he will ensure Resident 1's ISP was reviewed at least once every 6 months to determine continued appropriateness of the plan and to update the plan as necessary.	M 424		
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.	M 570		

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SERENITY ON OSBORNE	3700 OSBORNE BOULEVARD RACINE, WI 53405

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M 570	Continued From page 15 This Rule is not met as evidenced by: Based on observation and interview, the provider did not safeguard residents who cannot fully guard themselves from environmental hazards. The provider did not ensure the dryer venting was constructed of rigid metal for 1 of 1 dryer. The provider also did not ensure the dryer venting was attached to the dryer. Findings include: The home was licensed as a semi-ambulatory adult family home caring for up to 4 residents in the client groups of advanced age, emotionally disturbed/mental illness, developmentally disabled and irreversible dementia/Alzheimer's. On 11/03/2025, at approximately 11:15 AM, while conducting a tour of the home observed the following: -Dryer venting was made of a flexible material rather than rigid metal. -Dryer venting was not attached to the dryer. On 11/03/2025, at approximately 11:16 AM, Surveyor interviewed Administrator A about the above concerns. Administrator A confirmed the dryer venting was made of a flexible material and was not attached to the dryer. Administrator A reported s/he would have the dryer venting switch to rigid metal.	M 570		
Z 022	50.065(3)(b) COMPLETE BACKGROUND CHECK PROCESS	Z 022		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015573	A. BUILDING: _____ B. WING _____	11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY ON OSBORNE	3700 OSBORNE BOULEVARD RACINE, WI 53405

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Z 022	Continued From page 16 Every 4 years or at any other time within that period that an entity considers appropriate, the entity shall request the information specified in sub. (2) (b) 1. to 5. for all caregivers of the entity. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a complete caregiver background check (CBC) was completed every 4 years for 1 of 2 caregivers (Caregiver C) reviewed. Caregiver C's 4-year background check was due in June of 2020, June of 2024 and was not completed. At a minimum, a complete caregiver background check completed for a caregiver consists of the following three documents: - A completed DHS form F-82064, Background Information Disclosure (BID). - A response from the Department of Justice (DOJ), either - A "no record found" response or - A criminal record transcript. - A Governmental Findings Report (previously "IBIS letter") from Department of Health Services (DHS) that reports the person's status, including administrative finding or licensing restrictions. Findings include:	Z 022		

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Z 022	Continued From page 17 The provider is licensed to care for up to 4 residents in the client groups of advanced age, emotionally disturbed/mental illness, developmentally disabled and irreversible dementia/Alzheimer's. On 11/03/2025, Surveyor reviewed Caregiver C's record and identified the following: -Caregiver C was hired on 04/29/2016. -Caregiver C's record contained the BID, dated 04/29/2016 and the DOJ, dated 06/17/2016. -Caregiver C's record did not contain any of the three necessary parts of the four-year background check due June of 2020 and June of 2024. On 11/03/2025, at approximately 3:28 PM, Surveyor interviewed Administrator A. Administrator A confirmed Caregiver C's record did not contain any of the three necessary parts of the four-year background checks. Administrator A reported s/he is responsible to complete background checks on staff. Administrator A reported s/he did not realize s/he did not complete Caregiver C's four-year background checks.	Z 022		
Z 024	50.065(4m)(c) COMPLETE BACKGROUND INFORMATION DISCLOSURE If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be employed or contracted with for a reason specified under par.	Z 024		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015573	A. BUILDING: _____ B. WING _____	11/04/2025

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Z 024	Continued From page 18 (b) 1. to 5., an entity may employ or contract with the person for not more than 60 days pending the receipt of the information sought under sub. (2) (b). If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be permitted to reside at an entity for a reason specified in par. (b) 1. to 5. and if an entity otherwise has no reason to believe that the person is ineligible to be permitted to reside at an entity for any of these reasons, the entity may permit the person to reside at the entity for not more than 60 days pending receipt of information sought under sub. (2) (am). An entity shall provide supervision for a person who is employed or contracted with or permitted to reside as permitted under this paragraph. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each employee had a completed background information disclosure (BID) for 1 of 3 employees reviewed. Caregiver B did not have a BID in his/her record. Findings include: On 11/03/2025, Surveyor reviewed caregiver records and identified the following: -Caregiver B was hired on 05/18/2015. -Caregiver B's record did not contain evidence a BID. -Caregiver B's record included a DOJ, dated	Z 024		

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Z 024	Continued From page 19 11/13/2023. -Caregiver B's record included a Governmental Findings Report, dated 11/13/2023. On 11/03/2025, at approximately 3:28 PM, Surveyor interviewed Administrator A. Administrator A confirmed Caregiver B's record did not contain evidence of a completed BID. Administrator A reported s/he was not aware there needed to be a new BID with each completed background check. Administrator A reported it was his/her understanding s/he could use the previous BID.	Z 024		