STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018447	A. BUILDING: _____ B. WING _____	C 06/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY WILLOWS ADULT FAMILY HOME LLC	1828 HOLMES AVE RACINE, WI 53403

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M 000	INITIAL COMMENTS On 06/20/2025, Surveyor completed 2 complaint investigations and a standard survey at Liberty Willows Adult Family Home LLC #2. Sevenl deficiencies were identified. One of 7 was a repeat violation (see Statement of Deficiency GUK611, dated 05/04/2023.) Two complaints were unsubstantiated. Census: 3	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 caregivers (Caregiver E, and Caregiver F) were screened for communicable diseases, including tuberculosis (TB), within 90 days before the start of providing cares. Caregiver E and Caregiver F were not screened for communicable diseases before providing cares. Findings include:	M 232		

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

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M 232	Continued From page 1 On 06/16/2025, Surveyor reviewed employee records and identified the following: Caregiver E was hired on 04/14/2025. Caregiver E's record did not contain evidence that Caregiver E had been screened for communicable diseases, including tuberculosis. Caregiver F was hired on 05/08/2023. Caregiver F's record did not contain evidence that Caregiver F had been screened for communicable diseases, including tuberculosis. On 06/20/2025, at 10:30 AM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he had some serious health challenges, and his/her lap top was taken while traveling. Licensee A reported his/her laptop was not returned therefore s/he had difficulty with providing the requested documentation for Caregiver F and Caregiver E.	M 232		
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	M 276		

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M 276	Continued From page 2	M 276		

homelike environment for 3 of 3 residents who resided in the facility. The kitchen, living room, dining room, bathroom, bedroom, hallway, and laundry room were in need of cleaning and maintenance.

Findings include:

On 05/15/2025, from 10:20 AM until approximately 11:00 AM, Surveyor toured the facility, accompanied by Caregiver D, and observed the following:

Living Room and Dining Room
-The white horizontal blinds on the living room windows were missing multiple slats. Surveyor could see the house next door due to the horizontal blinds missing slats.

-The light fixture above the door in the dining room leading into the kitchen was missing a light bulb. The fixture contained two light bulbs creating dim light for the dining room.

Kitchen
- Inside the cabinet underneath the kitchen sink contained water damage. Surveyor observed a pungent smell from the water damage. There was a significant amount of a dark black substance similar to mold underneath the kitchen sink. The substance covered the entire surface of the cabinet floor.

- The exhaust hood fan above the stove does not work. Surveyor pushed the power on button of the exhaust hood fan and fan did not come on. Resident 5 reported the house was full of smoke when caregivers cooked, and s/he became nauseous from the smell of burnt grease when caregivers cooked.

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M 276	Continued From page 3 Laundry Room Second Floor - Gray paint was peeling from the ceiling and walls of the entire laundry room. - The walls of the laundry room contained a fluffy gray matter consistent to lint and dust. Second Floor Hallway -There was a crack with peeling paint in the ceiling along the side of the attic access panel outside of Resident 3's bedroom located across from the laundry room. Bathroom -The outlet in the bathroom next to the mirror did not contain an outlet cover. Resident 4's bedroom - The smoke detector was detached and hanging by wires from the ceiling in Resident 4's bedroom. On 06/20/2025, at 10:30 AM, Surveyor interviewed Licensee A regarding the condition of the home. Licensee A reported s/he was aware of some things in the home needing to be repaired such as the smoke detector and the bathroom outlet cover. Licensee A reported the blinds in the living room were being destroyed by a resident. Licensee A reported s/he would have the items fixed in the home.	M 276		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents.	M 278		

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M 278	Continued From page 4	M 278		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure the clothes dryer vent was maintained for 1 of 1 dryer. The rigid dryer vent was disconnected at the back of the dryer and contained a circular indented hole in the rigid venting, leaving an opening for the dryer to vent into the laundry room.

Findings include:

On 05/15/2025, from 10:20 AM until approximately 11:00 AM, Surveyor toured the facility, accompanied by Caregiver D, and observed the dryer to contain rigid venting. The venting was also disconnected at elbow in the back of the dryer and not safely secured. The top of the rigid vent leading to the wall was dented inwards and contained a hole, which allowed the dryer to vent hot air inside the laundry room. The wall behind the dryer contained a gray matter similar to lint and dust covering the wall approximately 35 inches in width and 36 inches in length. The dryer was not vented to the outside.

On 06/20/2025, at 10:30 AM, Surveyor interviewed Licensee A regarding the condition of the rigid dryer vent. Licensee A reported staff sometimes move the dryer to clean and believed the rigid dryer venting was disconnected by mistake. Licensee A reported s/he was not aware of the dryer vent containing a hole in it. Licensee A reported s/he would have the venting fixed as soon as possible.

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M 332	Continued From page 5	M 332		
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 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 2 of 2 fire extinguishers were inspected annually by an authorized dealer. The fire extinguishers, located in the kitchen and the upstairs hallway were last inspected February 2024. Findings include: On 05/15/2025, from 10:20 AM until approximately 11:00 AM, Surveyor toured the facility, accompanied by Caregiver D, and	M 332		

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M 332	Continued From page 6 observed the following: -The fire extinguisher, located in the kitchen, had an inspection tag which identified the fire extinguisher was last inspected in February 2024. -The fire extinguisher, located upstairs outside of the laundry room door, had an inspection tag which identified the fire extinguisher was last inspected in February 2024. On 06/20/2025, at 10:30 AM, Surveyor interviewed Licensee A . Licensee A confirmed the fire extinguishers were to be inspected annually. Licensee A offered no reason as to why the fire extinguishers were not inspected and reported s/he had to do better.	M 332		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an admission agreement was completed, dated, and signed by each	M 384		

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M 384	Continued From page 7 resident, guardian or designated representative, and licensee, prior to admission for 2 of 2 residents. Resident 3 and Resident 4 did not have a service admission agreement with the provider. Findings include: On 06/19/2025, at approximately 10:00AM, Surveyor reviewed Resident 3's records. Resident 3 was admitted to the facility on 10/11/2024. Resident 3 had a guardian. Resident 3's record did not contain a service admission agreement. On 06/19/2025, at approximately 10:00AM, Surveyor reviewed Resident 4's records. Resident 4 was admitted to the facility on 10/11/2024. Resident 4 had a guardian. Resident 4's record did not contain a service admission agreement. On 06/20/2025, at 10:30 AM, Surveyor interviewed Licensee A regarding the service admission agreement. Licensee A reported s/he attempted multiple times to have the service agreement signed by all parties for Resident 3 and Resident 4. Licensee A did not give a reason as to why s/he did not provide a service admission agreement for Resident 3 and Resident 4.	M 384		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the	M 406		

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M 406	Continued From page 8 licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the facility did not ensure 2 of 2 residents' individual service plans (ISPs) were developed, signed, and dated by all persons involved in developing the plan. Resident 3's and Resident 4's ISPs were not signed by each resident's guardian or the placing agencies. Findings include: On 06/19/2025, at approximately 10:00 AM, Surveyor reviewed resident records and identified the following: - Resident 3 was admitted to the facility on 10/11/2024. Resident 3 was enrolled in a managed care organization and had a guardian appointed. Resident 3's ISP, dated 10/11/2024, was signed by Licensee A with a date of 11/10/2024. Resident 3's ISP was not signed by Resident 3's guardian or placing agency. -Resident 4 was admitted on 10/11/2024. Resident 4 was enrolled in a managed care organization and had a guardian appointed. Resident 4's ISP, dated 10/09/2024, was signed by Licensee A with a date of 11/10/2024. Resident 4's ISP was not signed by Resident 4's guardian or placing agency.	M 406		

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M 406	Continued From page 9 On 06/20/2025, at 10:30 AM, Surveyor interviewed Licensee A. Licensee A reported s/he had attempted to obtain the signatures from all parties involved on multiple occasions. Licensee A reported s/he had difficulty with obtaining the signatures from all parties involved and reported this had been an ongoing issue for an exceedingly long time.	M 406		
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 observation and interview, the provider did not ensure 2 of 2 (Residents 3 and 4) residents' records were maintained in a secure location within the home. This is a repeat deficiency. See Statement of Deficiency (SOD) GUK611, dated 05/04/2023. Resident 3's and Resident 4's records were kept offsite. Findings include: On 05/15/2025, at approximately 11:15 AM, Surveyor observed there were no resident records in the facility. On 06/20/2025, at 10:30 AM, Surveyor	M 482		

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M 482	Continued From page 10 interviewed Licensee A regarding resident records being kept in the facility. Licensee A reported s/he had issues with employees taking resident information. Licensee A reported s/he had a disgruntled employee which took resident documentation and destroyed the records purposely. Licensee A reported s/he was aware that resident records were to remain onsite. Licensee A reported s/he would create a plan to ensure resident records are secured and remain onsite.	M 482		