STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014105	A. BUILDING: _____ B. WING _____	C 05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARMING HOUSE II (THE)	1509 ROOSEVELT AVE RACINE, WI 53406

(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 05/04/2026 with information gathered through 05/12/2026, Surveyor conducted a standard survey and 1 complaint investigation. Four deficiencies were identified. One complaint was unsubstantiated. Census: 02	M 000		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 2 of 2 exits were ramped to grade and equipped with handrails. The exit ramps on the front and side of	M 262		

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

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M 262	Continued From page 1 the home did not transition to grade and were not equipped with handrails. Findings include: The facility was licensed on 04/26/2012 as an ambulatory with conditions facility to serve up to 4 residents in the client groups of developmentally disabled, irreversible dementia/Alzheimer's, traumatic brain injury, terminally ill, public funding, advanced aged and emotionally disturbed/mental illness. On 05/07/2026 at approximately 10:00 AM, Surveyor observed the following: - The south facing side exit ramp did not have handrails. - The west facing front exit ramp did not have handrails. - The south facing side exit ramp did not exit to grade. It had a 2- inch drop at the bottom of the ramp. - The west facing front exit ramp did not exit to grade. It had a 2- inch drop at the bottom of the ramp. On 05/12/2026, at 11:00 AM, Surveyor interviewed Licensee A regarding the missing handrails and the high transitions strips on the ramped exits. Licensee A reported s/he contacted the maintenance personnel who will be fixing the ramps.	M 262		
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	M 278		

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M 278	Continued From page 2 rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 clothes dryer vent was maintained. Dryer vent was not attached at the base of the dryer which allowed the dryer to exhaust directly into the laundry room. Findings include: On 05/07/2026, at approximately 11:00 AM, Surveyor toured the physical environment which included 1 laundry area with 1 clothes dryer. The dryer was located against the south wall of the basement level. The dryer vent extended approximately 5 inches from the back of dryer. It was not connected to the outside vent which allowed the dryer to exhaust directly into the laundry room. On 05/04/2026, at approximately 11:00 AM, Surveyor asked licensee how long the dryer vent had been disconnected from the dryer. Licensee A stated they were not aware the vent was not attached but they would have it fixed it immediately.	M 278		
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	M 332		

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M 332	Continued From page 3	M 332		

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 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 tags attached indicated the date of the last inspection was April 2025.

This is a repeat deficiency. See SOD 505S12, dated 11/12/2024.

Findings include:

On 05/07/2024, at approximately 10:15 AM, Surveyor toured the home. Surveyor observed fire extinguishers in the kitchen and in the basement with a tag attached indicating the date

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M 332	Continued From page 4 of the last inspection was April 2025. On 05/07/2026, at approximately 1:00 PM, Surveyor interviewed Licensee A. Surveyor asked if there was a system in place to ensure compliance with inspection requirements. Licensee A reported the inspection was automatically scheduled to happen and s/he did not know why the tags weren't updated. Licensee A called the inspection service to set up an appointment for the inspection while Surveyor was in the home.	M 332		
M 550	88.10(3)(b) Privacy Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's guardian except when there is reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search. This Rule is not met as evidenced by: Based on observation and interviews, the provider did not ensure 2 of 2 residents (Residents 1 and 2), had physical privacy in their living arrangements. There was an electronic video monitoring camera mounted in the living room.	M 550		

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M 550	Continued From page 5 Findings include: On 05/07/2026, at approximately 10:35 AM, Surveyor observed a camera in the living room of the home. There was a camera mounted on the southwest corner of the living room approximately 4 feet east of the front door. The camera recorded from the southwest wall to northwest wall approximately a 5 feet wide area. This area recorded the front entrance. However, the camera also picked up audio throughout the room where residents had private conversations and had visitors. On 05/07/2026, at approximately 12:30 PM, Surveyor interviewed Licensee A regarding the use of the cameras. Licensee A reported the camera was active and was used to record staff as they punch in and out at the time clock. Licensee A confirmed the camera was in an area of the home used by residents but reported it only recorded the area by the time clock not the lounging area where residents sit to watch television. Licensee A did not provide a date when the cameras were installed. On 05/12/2026 at 11:00 AM Surveyor interviewed Licensee A. Licensee A confirmed the area being recorded included audio recording. Licensee A reported they would have the camera removed.	M 550		