STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013176	A. BUILDING: _____ B. WING _____	C 07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
K & D ADULT FAMILY HOMES LLC II	3707 10TH AVE RACINE, WI 53402

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M 000	INITIAL COMMENTS On 07/06/2023, Surveyor concluded a standard survey and complaint investigation at K&D Adult Family Home II. As a result, 6 deficient practices were identified. One of 6 was a repeat deficiency (see Statement of Deficiency F7JK11, dated 10/04/2017). One complaint was substantiated. Census: 4	M 000		
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 all staff received 8 hours of training approved by the licensing agency related to health safety, welfare, rights, and treatment of residents for 2 of 2 staff reviewed. Caregiver C received 5 of 8 hours of annual training in 2022. Caregiver D received 4 of 8 hours of annual training in 2022. This is a repeat deficiency. See Statement of Deficiency (SOD) F7JK11, dated 10/04/2017. Findings include:	M 246		

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

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M 246	Continued From page 1 On 06/29/2023, Surveyor reviewed employee records and identified the following: Caregiver C was hired on 02/23/2010. Caregiver C received 5 hours of annual training related to behavior management, standard precautions, fire safety, medications, and resident rights in 2022. Caregiver C's file did not contain evidence of the additional 3 hours of annual training Caregiver C needed to complete the 8 hours of annual training for 2022. Caregiver D was hired 10/11/2018. Caregiver D received 4 hours of annual training related to standard precautions, fire safety, medications, and resident rights in 2022. Caregiver D's file did not contain evidence of the additional 4 hours of annual training Caregiver D needed to complete the 8 hours of annual training for 2022. On 07/06/2023, Surveyor interviewed Administrator B. Administrator B confirmed the requirement for staff to have 8 hours of annual training. Administrator B reported the person who conducted the training refused to conduct further training in group homes due to COVID. Administrator B reported s/he had found another trainer to conduct staff trainings for the future.	M 246		
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	M 332		

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M 332	Continued From page 2	M 332		

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 extinguisher in the kitchen and the fire extinguisher in the basement had an inspection tag of March 2022.

Findings include:

On 06/27/2023, at 10:30 AM, Surveyor observed fire extinguishers in the kitchen and in the basement. Both fire extinguishers had an inspection tag of March 2022. Both fire extinguishers were due to be serviced in March 2023.

On 06/27/2023, at 10:50 AM, Surveyor interviewed Licensee A. Licensee A confirmed s/he was aware of the requirement to have the fire extinguishers serviced annually. Licensee A reported Administrator B was responsible to ensure the fire extinguishers were serviced

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M 332	Continued From page 3 annually. Licensee A was unsure why the fire extinguishers were not serviced in March 2023.	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 medications were securely stored in 1 of 1 medication storage closet. The closet which contained Resident 1's, Resident 2's and Resident 3's medication was unlocked. Findings include: On 06/27/2023, at 11:05 AM, Surveyor observed the medication closet. The door was unlocked. Surveyor observed Resident 1's, Resident 2's, and Resident 3's medication stored inside the closet. Surveyor observed residents ambulating freely around the facility. On 06/27/2023, at 11:15 AM, Surveyor interviewed Caregiver C. Caregiver C confirmed the medication closet was to be locked at all	M 458		

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M 458	Continued From page 4 times. On 06/27/2023, at 11:25 AM, Surveyor interviewed Licensee A. Licensee A confirmed the medications were to be securely stored. Licensee A reported s/he would ensure staff were locking the medication closet.	M 458		
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 provided a safe environment to live. The dryer vent was not connected to an outside duct, causing dust and debris to cover the basement. Findings include: On 06/27/2023, at 10:40 AM, Surveyor toured the laundry area. Surveyor observed the dryer vent was connected to the dryer but was not connected to the outside duct. Surveyor observed a thick, dust-like substance, consistent with lint,	M 570		

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M 570	Continued From page 5 all over the wall behind the dryer, and covering cords hung from the ceiling. On 06/27/2023, at 10:45 AM, Surveyor interviewed Licensee A. Licensee A confirmed understanding of the dryer vent needing to be connected to the outside duct. Licensee A reported the dryer was being replaced. On 07/06/2023, at 10:30 AM, Surveyor interviewed Administrator B. Administrator B reported s/he was unaware the dryer vent was not connected to the outside duct. Administrator B reported s/he would ensure the dryer venting was reconnected.	M 570		
M 586	88.10(3)(s) Telephone Calls Telephone calls. To make and receive a reasonable number of telephone calls of reasonable duration and in privacy. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure 1 of 1 resident (Resident 1) had the opportunity to make phone calls. Findings include: On 06/27/2023, at 10:30 AM, Surveyor toured the home. Surveyor observed a sign taped to the window. The sign stated, "All Shifts Effective 6-9-23 [Resident 1] has no phone privilege unless [Administrator B] gives permission. Thank you". On 06/27/2023, at 11:00 AM, Surveyor interviewed Caregiver C. Caregiver C reported Resident 1's family member requested his/her	M 586		

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M 586	Continued From page 6 phone usage to be suspended. On 07/06/2023, at 9:45 AM, Surveyor interviewed Resident 1. Surveyor inquired about Resident 1's phone restrictions, Resident 1 stated, "That's my [family member's] doing. They made it sound like I called more than once. I left messages on the answering machine. If I want to make a phone now, I need to ask [Administrator B]." On 07/06/2023, at 10:15 AM, Surveyor interviewed Administrator B. Administrator B reported Resident 1 was struggling with mental health issues at the time. When Resident 1 returned from the hospital, Resident 1 started making multiple phone calls regarding hallucinations Resident 1 was having. Administrator B reported Resident 1's family member requested Resident 1 to have phone privileges restricted. Surveyor inquired if Resident 1's family member was her/his guardian, Administrator B reported Resident 1 was her/his own person. On 06/29/2023, at 12:30 PM, Surveyor reviewed Resident 1's Individual Service Plan (ISP), dated 05/03/2023. Resident 1's ISP did not contain any documentation regarding any behaviors Resident 1 was experiencing while using the telephone.	M 586		
M 588	88.10(3)(t) Visits Visits. To have private visitors and have adequate time and private space for visits. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 1 of 1 resident (Resident	M 588		

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M 588	Continued From page 7 2) had private space for visits. Resident 2's fiancé was not allowed to visit Resident 2 on the property of the facility. Findings include: On 04/25/2023, the department received a complaint regarding resident visits. On 06/27/2023, at 11:00 AM, Surveyor interviewed Caregiver C. Caregiver C reported Resident 2's fiancé was not allowed on the property. Caregiver C reported Resident 2's case manager told them they were to have no contact. On 06/29/2023, at 1:00 PM, Surveyor reviewed Resident 2's Individual Service Plan (ISP), dated 05/17/2023. Resident 2's ISP did not report Resident 2 had any restrictions on visitation. Resident 2's ISP did not report Resident 2 experienced behaviors. Resident 2's ISP reported Resident 2 was her/his own person. On 07/06/2023, at 10:15 AM, Surveyor interviewed Administrator B. Administrator B reported Resident 2 and his/her fiancé visit outside, but Resident 2's fiancé was not allowed on the property. Administrator B reported they visited in public spaces. Administrator B reported Resident 2's fiancé threatened staff and residents, so s/he was not allowed on the property. Administrator B reported the threats were made a few months ago but was unsure of the exact date. Administrator B reported Resident 2's fiancé threatened to blow up the house. Administrator B reported s/he was not here when the threats occurred, so the police were not called and there was not an incident report completed. Surveyor inquired if. Administrator B reported Resident 2's fiancé had never been allowed to	M 588		

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M 588	Continued From page 8 visit in the facility. S/He was told by Resident 2's case manager Resident 2 did not make good decisions when his/her fiancé was around. When Surveyor inquired about Resident 2's behaviors, Administrator B reported Resident 2 would refuse medication and became agitated and argumentative with others.	M 588		