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 _____	R-C 02/21/2024

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 02/20/2024 with information gathered through 02/21/2024, Surveyors conducted a complaint investigation and verification visit at K&D Adult Family Homes LLC II. Four deficiencies identified. One is a repeat deficiency from SOD GKIH11, dated 07/06/2023. Complaint substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. 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 each caregiver completed 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights, and treatment of residents for 1 of 1 employee requested who required annual training. House Manager (HM) A did not receive annual training in 2023.	{M 246}		

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

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{M 246}	Continued From page 1 This is a repeat deficiency. See Statement of Deficiency (SOD) GKIH11, dated 07/06/2023. Findings include: On 02/20/2024 at approximately 12:00 PM, Surveyor requested staff records for HM A. HM A reported s/he did not have access to the staff records because Administrator B was the one who normally managed those, and s/he was not sure when s/he would have access to send Surveyors the information. Surveyors asked how long HM A had been working there. HM A stated s/he had worked there since 2011. Surveyors gave HM A until 02/21/2024 at 8:00 AM to send evidence of continuing education for calendar year 2023 for HM A. As of 02/21/2024 at 8:00 AM, Surveyors did not receive any additional information. On 02/21/2024 at approximately 1:22 PM, Surveyors interviewed Licensee C about not receiving any additional information from HM A. Licensee C reported, "unfortunately [s/he] wasn't able to meet the time frame so I am aware of the fines and penalties."	{M 246}		
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.	M 262		

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M 262	Continued From page 2 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 there were two ramped exits from the facility for 1 of 1 resident who utilized a walker for mobility. The front exit and side exit led to a shared ramp for egress. Findings include: On 02/20/2024, at 11:30 PM, Surveyors toured the home and observed the following: The home had 2 exits from the facility. The 2 exits, located in the front and side of the facility, were identified as emergency exits. The 2 exits led to one ramp. Surveyors observed Resident 1 utilized a walker for mobility. On 02/20/2024, at 11:00 AM, Surveyors reviewed Resident 1's record. Resident 1 was admitted on 12/21/2010. Resident 1's individual service plan (ISP), dated 11/3/2023, indicated Resident 1 utilized a walker for mobility.	M 262		

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M 262	Continued From page 3 On 02/20/2024, at approximately 11:30 AM, Surveyors interviewed Resident 1. Resident 1 confirmed s/he required a walker with ambulation. On 02/28/2024, at 3:05 PM, Surveyor interviewed Licensee C. Licensee C reported s/he was not aware the home was not in compliance and would address the exits and ramp.	M 262		
M 330	88.05(3)(o) HOME NOT BE USED FOR OTHER BUSINESS The home shall not be used for any business purpose that regularly brings customers to the home so that the residents' use of the home as their residence or the resident's privacy is adversely affected. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider exceeded the licensed capacity of an adult family home (AFH) by providing services to the residents from two separate AFH's with a total of 9 residents within the home, thus running a business that regularly brings customers to the home so that the residents use of the home as their residence or the resident's privacy was adversely affected. The 5 residents between the two other AFH's were provided services which included daily medication administration and at least 1 meal per day. The facility is licensed to serve up to 4 residents with a developmental disability, traumatic brain	M 330		

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M 330	Continued From page 4	M 330		

injury and/or residents that are emotionally disturbed or have a mental illness.

Findings include:
On 02/23/2010, the home was licensed to operate as a 4 bed AFH.

On 02/20/2024, between 8:30 AM and 11:00 AM, Surveyors observed the following:

- The facility is located in a 2-unit, upstairs and downstairs duplex. The building has 2 licensed adult family homes, owned, and operated by Licensee C.

- The residents were able to move freely from the upstairs facility and downstairs facility with an open staircase.

-Observed 8 residents in the home. At approximately 10:00 AM, another resident arrived which made a total of 9 residents in the home with Caregiver D. Resident 8 and Resident 9 were from the upstairs facility.

-At approximately 9:30 AM, observed House Manager A take medications out of a lunch pail that was sitting on the kitchen counter. House Manager A handed them to Caregiver D and told him/her to put the lunch pails in the refrigerator. Caregiver D then placed the three medications for Resident 5, Resident 6, and Resident 7, in the medication storage closet.

On 02/20/2024, Surveyor reviewed the resident roster and identified the following:
Resident 1 was admitted on 03/27/2012.
Resident 2 was admitted on 10/17/2022.
Resident 3 was admitted on 10/04/2021.
Resident 4 was admitted on 12/21/2010.

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M 330	Continued From page 5 Interviews On 02/20/2024, at 8:45 AM, Surveyors interviewed Caregiver D. Caregiver D stated s/he was the only caregiver in the building for the residents that day. Caregiver D stated House Manager A had just left about an hour ago and the other caregiver was driving a resident to an appointment. Caregiver D stated Resident 5, Resident 6 and Resident 7 were from another home that Licensee owns. Caregiver D stated they are dropped off in the morning around 7:30 AM and taken back home around 3:00 PM. Caregiver D stated Resident 8 and Resident 9 are from the upstairs duplex and will come down during the day as well and s/he will help them with their meals and goes upstairs to help them. On 02/20/2024, at 9:15 AM, Surveyors interviewed House Manager A. House Manager A stated all residents come to the home during the day because Administrator B stated they have to. House Manager A stated the residents come to the house for activities and to visit with the residents in the home. House Manager A stated residents will go for walks and go down to the gas station when they are visiting. House Manager A confirmed Residents 5, 6, and 7 received their meals and medications from whoever is working the day shift at the facility. On 02/20/2024, at 9:30 AM, Surveyors interviewed Resident 5. Resident 5 stated s/he would rather be in his/her own home than at the facility. Resident 5 stated s/he comes to that facility 5 days a week for 8 hours a day. Resident 5 stated the driver would bring them there and bring them back after 1st shift was over. Resident 5 stated s/he received their medications at this facility. S/he would receive their	M 330		

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M 330	Continued From page 6	M 330		

medications there and meals depending on the time they arrive in the morning each day. Resident 5 states s/he will still on their walker seat all day in their living room because there was not enough room for all of the residents to be sitting on the couch or anywhere else to sit since s/he did not have a bedroom there.

On 02/20/2024, at 10:00 AM, Surveyors interviewed House Manager A. House Manager A stated if residents wanted to return home and did not want to stay at the facility, they could go home but they had to wait for when the driver was free and not taking other residents to appointments. On 02/20/2024, at 10:15 AM, Surveyors interviewed Resident 5 and Resident 6. Resident 5 and Resident 6 stated they had never been offered to go home and if s/he asked, the caregivers tell them they have to stay there till 3:00 PM when the driver was available and could take them back home. Resident 6 stated s/he would like to be at their own home, and it has never happened that they were offered to be taken back home. Resident 6 confirmed s/he received his/her medications and meals at the facility while they are there from 7:00 AM to 3:00 PM.

On 02/20/2024, at 10:30 AM, Surveyors interviewed Driver E. Driver E stated his/her responsibilities were to take residents from all the homes to their day programs and medical appointments. Driver E stated s/he would pick up all the residents from all the homes, drop off the residents that go to day program and then bring all the residents to the home for the day. After Driver E drops them off, s/he would take residents to their appointments. Surveyor asked Driver E if s/he would help provide cares at the homes when s/he did not have to take residents

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M 330	Continued From page 7 to appointments. Driver E stated, "yeah, I come back to whatever home and help I guess." On 02/20/2024, at 10:45 AM, Surveyor interviewed Resident 8 and Resident 9. Resident 8 and Resident 9 confirmed, during the day, they were to stay in the downstairs facility unless they had any appointments for the day; otherwise, they would stay downstairs watching TV or going outside on the patio. Resident 8 and Resident 9 confirmed they received their meals and medications during the day from the caregiver who was working the day shift in the downstairs facility.	M 330		
M 610	88.11(1) REPORTING OF ABUSE AND NEGLECT A licensee or service provider who knows or has reasonable cause to suspect that a resident has been abused or neglected as defined in s. 46.90 or 940.285, Stats., shall immediately contact the licensing agency. Providing notice under this subsection does not relieve the licensee or other person of the obligation to report an incident to law enforcement authorities. If the licensee has reason to believe a crime has been committed, the incident shall immediately be reported to law enforcement authorities. This Rule is not met as evidenced by:	M 610		

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M 610	Continued From page 8	M 610		

Based on record review and interview, the provider did not ensure the licensing agency was immediately notified when there were allegations of caregiver misconduct affecting 1 of 4 residents in the home. Resident 2 was being called names and threatened by Caregiver F and the provider did not report the incident.

Findings include:

On 02/12/2024, the Department received a complaint alleging Caregiver F was calling Resident 2 names and making threats towards him/her.

On 02/20/2024, at 9:30 AM, Surveyor reviewed Resident 2's record and identified the following:
-No observation notes regarding incident between Caregiver F and Resident 2.
-No incident report regarding incident between Caregiver F and Resident 2.

On 02/20/2024, at approximately 9:35 AM, Surveyor interviewed Caregiver D. Caregiver D stated s/he had never worked with Caregiver F but s/he would prefer not to from what s/he heard. Caregiver F stated s/he heard in passing from other caregivers that Caregiver F did not talk to the residents in a respectful manner and was loud with them. Caregiver D stated s/he did not have to work with Caregiver F because s/he worked at another home when s/he started but s/he hoped Caregiver F no longer worked there based on his/her attitude towards the residents.

On 02/20/2024, at approximately 9:45 AM, Surveyor interviewed House Manager A. House Manager A stated there was some issues with Caregiver F and Resident 2. House Manager A stated Resident 2 reported to him/her Caregiver F

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M 610	Continued From page 9 was picking on him/her and always arguing with them. House Manager A stated s/he didn't know the situation and had Caregiver F on an investigation around 02/08/2024 because someone from the county had come in and started an investigation on Caregiver F. House Manager A stated Administrator B did an investigation on it but s/he stated there was nothing documented on their end and s/he fired Caregiver F around 02/08/2024 due to the county finishing their investigation. House Manager A stated they did not report to the Department because Administrator B was the one who was responsible of that and s/he had been in and out with an illness.	M 610		