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 02/26/2025

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

(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 02/26/2025, Surveyor completed a standard survey, verification visit, and complaint investigation at K & D Adult Family Homes LLC II. Statement of Deficiency GKIH13 was corrected. Two new deficiencies were identified. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 4	{M 000}		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure the home, and its operation complied with this chapter and all other laws governing the home and its operations, potentially affecting 4 of 4 residents. The provider has been unable to maintain compliance with Chapter 88 of the Department of Health Services-Licensed Adult Family Home regulations. The provider did not follow the Order Not to Admit New or Additional Residents, which resulted from previous Statement of Deficiency (SOD) GKIH12, dated 02/21/2024, and was extended as a result of SOD GKIH13, dated 06/13/2024. Findings include: The provider is licensed to care for up to 4	M 216		

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

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M 216	Continued From page 1 residents in the following client groups: public funding, developmentally disabled, traumatic brain injury, and emotionally disturbed/ mental illness. On 09/17/2024, SOD GKIH13 and an Order Not to Admit New or Additional Residents were issued to Licensee C, via email with the following: "Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., and Wis. Admin. Code § DHS 88.03(6)(g)2.f., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services hereby extends the order issued on April 10, 2024 with Statement of Deficiency (SOD) GKIH12 that K & D Adult Family Homes LLC II Not Admit any New or Additional Residents until all violations in SOD GKIH13 are corrected, compliance is verified by the Department, and this Order is rescinded in writing." On 01/23/2025, Surveyor conducted a verification visit and a standard survey at K & D Adult Family Homes LLC II. As a result of the survey, the provider was issued the following 2 deficiencies: 88.04(2)(a) - Responsibilities 88.05(3)(e)2.b - Inspections-Gas Furnace On 01/23/2025, at 8:58 AM, Surveyor entered the home to conduct a verification visit and standard survey. Upon entry, Surveyor observed 4 residents in the home. On 01/23/2025, at 9:00 AM, Surveyor interviewed Acting Administrator (AA) A. AA A reported Resident 11 recently moved to the AFH due to a fire at her/his previous facility. AA A reported Resident 11's date of admission was 01/10/2025.	M 216		

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M 216	Continued From page 2 Surveyor inquired if AA A received the order not to admit new residents (NNAO) from the Department. AA A reported Licensee C did receive the order, but had understood it was lifted. AA A showed Surveyor an email from Community Care Provider Quality Specialist (PQS) L, which stated the order had been lifted and K & D Adult Family Homes LLC II could admit new residents. They admitted Resident 11 based on the email received from PQS L. On 02/26/2025, at 9:30 AM, Surveyor interviewed Licensee C and s/he reported the following: Licensee C received an email from PQS L which stated, " . . . all holds on the houses have been lifted at this time . . . " When Licensee C followed-up with PQS L to verify the facility was able to accept new residents, PQS L confirmed they could. Licensee C relayed this information to AA A, and Resident 11 was admitted on 01/10/2025. Surveyor reviewed the NNAO with Licensee C and AA A, and informed them they would receive correspondence from the State of Wisconsin when the NNAO was lifted and they could accept new residents.	M 216		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the gas furnace was inspected by a heating contractor of local utility company at least every 3 years, for 1 of 1	M 290		

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M 290	Continued From page 3 furnace. Findings include: On 01/23/2025, Surveyor was conducting a standard survey and requested to review facility's most recent furnace inspection. Acting Administrator (AA) A provided a furnace inspection dated 11/20/2019. On 01/23/2025, at 2:14 PM, Surveyor interviewed AA A. AA A confirmed 2019 was the last time the gas furnace was inspected. S/He reported s/he was trying to catch up with what Administrator K had been doing. AA A was unaware of the requirement gas furnaces were to be inspected and serviced every 3 years. While on survey, AA A called a furnace inspection company and scheduled service for both AFHs located within the duplex. On 02/26/2025, at 9:30 AM, Surveyor interviewed Licensee C. Licensee C reported gas furnace inspections were completed following the onsite survey, and will continue to be conducted as required by code.	M 290		