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 12/16/2025

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 11/04/2025, with information gathered through 12/16/2025, Surveyor completed a verification visit at K & D Adult Family Homes LLC II. As a result, 1 of the previous 2 deficiencies was corrected. One of the previous deficiencies was recited with 1 deficiency cited for a 3rd time; therefore, 2 total deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{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 record review, interview, and observation, 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 3 of 3 residents. The provider has been unable to maintain compliance with Chapter 88 of the Department of Health Services (DHS) - Licensed Adult Family Home (AFH) regulations. This is a repeat violation. See Statement of Deficiency (SOD) GKIH14, dated 02/26/2025. Findings include: On 11/04/2025, Surveyor conducted a verification visit at K & D Adult Family Homes LLC II. As a	{M 216}		

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

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{M 216}	Continued From page 1 result of the survey, the provider was issued 2 deficiencies. One of 2 was a repeat deficiency, and 1 citation was cited for the third time. The following deficiencies were identified: - M0216 88.04(2)(a) - Responsibilities - M0330 88.05(3)(o) - Home Not Be Used For Other Business Purposes On 11/03/2025, Surveyor reviewed Department records and identified the following: SOD GKIH12 On 04/10/2024, the Department issued SOD GKIH12 and Notice and Order (N&O) Letter, dated 02/21/2024, which included a violation of 88.05(3)(o) - Home Not Be Used For Other Business Purposes. The N&O Letter included an Order Not to Admit New or Additional Residents (NNAO) and the following Special Orders: " . . . 1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.b., EFFECTIVE IMMEDIATELY, the licensee shall protect and promote each resident's right to have physical and emotional privacy in treatment and living arrangements. WITHIN 45 DAYS of receipt of this notice, the licensee shall develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency (SOD) GKIH12. The licensee will immediately address all potential health or safety hazards. The licensee's corrective measures shall ensure the following: A. Resident Rights - Residents will not be required to share their home and living space with residents from other	{M 216}		

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{M 216}	Continued From page 2 settings. - 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 residents' privacy is adversely affected. - Residents will not be required to leave their residence to accommodate staffing patterns or to accommodate the needs of other residents. Whenever a resident or residents are present in a licensed entity, the licensee will arrange for a qualified service provider to be available in the licensed entity to provide the services and supervision specified in the resident's service plan. - The assigned staff will be separate and have distinct duties related to the care and services for residents at K & D AFH LLC II located at 3707 10th Avenue, Racine, WI 53402. The assigned staff will not be shared with other programs. . . . " SOD GKIH13 On 09/17/2024, the Department issued SOD GKIH13 and N&O Letter, dated 06/13/2024, which included a violation of 88.05(3)(o) - Home Not Be Used For Other Business Purposes. The N&O Letter included an extension of the Order Not to Admit New or Additional Residents (NNAO) and the following Special Orders: " . . . 1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.b., EFFECTIVE IMMEDIATELY, the licensee shall protect and promote each resident's right to have physical and emotional privacy in treatment and living arrangements.	{M 216}		

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{M 216}	Continued From page 3 WITHIN 45 DAYS of receipt of this notice, the licensee shall develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency (SOD) GKIH13. The licensee will immediately address all potential health or safety hazards. The licensee's corrective measures shall ensure the following: - Residents will not be required to share their home and living space with residents from other settings. - 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 residents' privacy is adversely affected. - Residents will not be required to leave their residence to accommodate staffing patterns or to accommodate the needs of other residents. Whenever a resident or residents are present in a licensed entity, the licensee will arrange for a qualified service provider to be available in the licensed entity to provide the services and supervision specified in the resident's service plan. - The assigned staff will be separate and have distinct duties related to the care and services for residents at K & D AFH LLC II located at 3707 10th Avenue, Racine, WI 53402. The assigned staff will not be shared with other programs. . . . " On 12/16/2025, at 2:30 PM, Surveyor interviewed Licensee C and Administrator K, and the following was reported: Licensee C was responsible for the AFH and its operations. Administrator K provided the	{M 216}		

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{M 216}	Continued From page 4 day-to-day operations of the home. Administrator K reported on 11/04/2025, Person M (resident from other K&D facility) was only at the AFH for her/his check Administrator K had. Administrator K did not confirm how Person M got to the AFH. On 11/04/2025, Manager A took Resident 11 and Person O (resident from upper unit) to appointments, while Caregiver N worked at the lower and upper units. Licensee C reported s/he installed a time clock punch-in system to monitor staffing at her/his licensed facilities. Licensee C reported it was "hard to staff with backgrounds," and they "work around what we have." Licensee C confirmed staffing was an issue, which has led to the home in violation of DHS Chapter 88. Cross Reference: M0330 88.05(3)(o) - Home Not Be Used For Other Business Purposes	{M 216}		
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 record review, observation, and interview, the provider exceeded the licensed capacity of an adult family home (AFH) by providing services to residents from 2 other separate AFHs, with 1 caregiver for a total of 5 residents, thus running a business which regularly brings customers to the home so the residents'	M 330		

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M 330	Continued From page 5	M 330		

use of the home as their residence, and/or the residents' privacy was adversely affected. The 2 persons from separate facilities were provided services which included at least supervision.

This is being cited for a 3rd time. See Statement of Deficiency (SOD) GKIH12, dated 02/21/2024, and SOD GKIH13, dated 06/13/2024.

Findings include:

The facility is licensed to serve up to 4 residents in the following client groups: developmentally disabled, public funding, emotionally disturbed/mental illness, and traumatic brain injury.

On 11/04/2025, at approximately 10:30 AM, Surveyor reviewed the resident roster and identified the following:

- Resident 3 was admitted on 10/04/2021.
- Resident 4 was admitted on 12/21/2010.
- Resident 11 was admitted on 01/10/2025.

On 11/04/2025, between 10:10 AM and 3:10 PM, Surveyor observed the following:

- The home was located in the lower half of a duplex style building. The building has 2 licensed AFHs, owned by Licensee C and operated by Administrator K.

- Upon arrival, at 10:10 AM, Caregiver N was the only staff on site for both licensed AFHs. Two residents (Resident 3 and Resident 4) and Person M (resident from another licensed facility) were observed in the home. Person H (resident in the upper unit) was in the upper unit without a caregiver.

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M 330	Continued From page 6 - Caregiver N went between the 2 licensed AFHs to complete cares and supervise Resident 3, Resident 4, Person M, and Person H. - Throughout the survey Resident 3 and Resident 4 stayed inside their bedrooms, and only came out to smoke cigarettes, use the bathroom, or get coffee and food. Resident 3 and Resident 4 did not use the common living area in the home during the survey. - Person M was sitting in the living room and wandering around the home from 10:10 AM until approximately 11:15 AM. Caregiver N had to redirect Person M to sit multiple times, as s/he continuously got up from the couch and wandered around the home. - At 10:32 AM, Administrator K arrived at the home to assist in providing paperwork related to the survey. S/He remained in the lower unit and did not provide any caregiving or supervision while on site. - At approximately 11:15 AM, Manager A arrived at the home with Resident 11 and Person O (Resident from AFH 3). - At 12:30 PM, Manager A was preparing lunch in the lower AFH. Caregiver N brought food items from the upper unit to the lower unit to feed the residents in the lower unit. Interviews On 11/04/2025, at 10:10 AM, Surveyor interviewed Caregiver N and the following was reported:	M 330		

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M 330	Continued From page 7	M 330		

S/He was the only caregiver for the two licensed AFHs within the building. Manager A was with Resident 11 and Person O at appointments. Person H was in the upper unit and Resident 3 and Resident 4 were in their rooms in the lower unit. Person M was in the lower unit temporarily, until Manager A returned with the other residents.

On 11/04/2025, at 10:28 AM, Surveyor interviewed Person M and the following was reported:

Manager A picked Person M up at her/his AFH at approximately 8:30 AM, during the weekdays (Monday - Friday), and brought her/him to K & D Adult Family Homes LLC II. Person M was typically at K & D AFH LLC II until 3:00 PM. Person M did not provide an opinion when Surveyor inquired if s/he liked being away from her/his facility and at another facility throughout the weekdays.

On 11/04/2025, at 3:10 PM, Surveyor interviewed Administrator K and the following was reported:

Surveyor inquired about staffing and residents from other facilities spending the day at K & D Adult Family Homes LLC II. Administrator K reported s/he was supposed to have worked dayshift at K & D Adult Family Home LLC (AFH 1), located at a different address than AFH 2 and AFH 3, but had an emergency and was not there working. Person M knew Administrator K had a check for her/him, so that was why Person M was at AFH 2. Manager A took residents to appointments and was scheduled to work at AFH 2. Caregiver N was scheduled to work at AFH 3. S/He did not provide further information as to how AFH 2 and AFH 3 were supposed to be staffed when Manager A took some of the residents to

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M 330	Continued From page 8	M 330		

appointments. During review of an elopement incident at AFH 3, which occurred on 12/12/2024, with Person H, Surveyor identified Person H had a history of eloping. Administrator K was unaware Person H had previously eloped when the 2 facilities were only staffed with 1 caregiver. S/He reported s/he was not made aware of that information upon her/his return from medical leave.

On 12/16/2025, at 2:30 PM, Surveyor interviewed Licensee C and Administrator K, and the following was reported:

Administrator K confirmed staffing was not what it should have been on 11/04/2025, due to an emergency s/he had. Surveyor inquired about Administrator K's previous statements about Person M. Administrator K confirmed Person M was only at K&D 2 to get her/his check Administrator K had. Administrator K denied statements made by Person M that s/he was brought over to K&D 2 during the weekdays. Licensee C reported s/he installed a time clock punch-in system to monitor staffing at her/his licensed facilities. Licensee C called Administrator K or Manager A when the time clock punches did not show 3 total staff punched in. Administrator K or Manager A called in staff or asked staff to work a double shift if there was not a caregiver available to work at each licensed AFH. Licensee C reported it was "hard to staff with backgrounds," and they "work around what we have." Licensee C confirmed staffing was an issue. Licensee C reported residents' appointments are rescheduled for days when they had the staffing to accommodate taking residents to appointments. They did not have a staffing plan in place for emergencies.

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M 330	Continued From page 9 Cross Reference: M0216 88.04(2)(a) - Responsibilities	M 330		