STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014776	A. BUILDING: _____ B. WING _____	C 12/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAITH COMMUNITY ADULT GROUP HOME	5025 MARYLAND 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 12/05/2025, Surveyor completed a standard survey and 1 complaint investigation at Faith Community Adult Group Home. As a result, 7 deficiencies were identified. One complaint was substantiated.	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 service provider received annual training for 1 of 3 caregivers. House Manager B did not receive annual training in 2023 and 2024. Findings include: On 12/05/2025, at 8:00 AM, Surveyor reviewed employee records and identified the following: House Manager B was hired on 04/15/2022. House Manager B's record did not contain any evidence of annual training in 2023 and 2024. On 12/05/2025, at 3:06 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was aware	M 246		

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

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M 246	Continued From page 1 of the code requirement for annual continuing education training. Licensee A reported s/he did not know why House Manager B did not have the required trainings completed for 2023 and 2024. Licensee A reported House Manager B recently completed 2025 annual continuing education training.	M 246		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean, and well maintained homelike environment for 4 of 4 residents in the home. The kitchen oven hood contained dark black sticky substance similar to grease, the ceiling fan in the kitchen and dining room contained a thick gray like substance similar to dust, the bathroom ceiling vent was bent and full of a thick gray like substance similar to dust. The bathroom shower head was full of a brownish/ reddish substance similar to rust. The floor vent in the bathroom was brown/black in color which appeared to be rusted. This is a repeat deficiency. See Statement of Deficiency (SOD) YUIX11, dated 03/24/2021.	M 276		

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M 276	Continued From page 2 Findings include: On 11/12/2025, at approximately 9:52 AM, Surveyors toured the facility and observed the following: Kitchen: -The ceiling fan in the kitchen was full of a grey matter similar to dust. The light cover on the ceiling fan contained some items similar to bugs. -The kitchen cabinet door under the sink area was disconnected from the hinges and did not close. -The kitchen cabinet above the sink was full of a brown dark substance and a light brown gritty material similar to food crumbs. - Stove hood contained a thick black substance similar to grease. The vent in the hood was covered in a black material and was disconnected from the hood. -Approximately 16 kitchen blind slats were broken and lacked privacy in the kitchen area. -Two light switches in the kitchen were covered in a sticky yellow substance similar to grease. Living Room: -The living room ceiling fan was full of a fluffy gray like substance similar to dust. Bathroom: -The bathroom ceiling vent was separated from the ceiling and full of a fluffy gray like substance similar to dust. -The paint around the wall near the tub was peeling from the wall. -The shower head contained a brown/reddish substance similar to rust. -The floor vent was brown and black in color and contained white peeling paint. The vent appeared to be rusted.	M 276		

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M 276	Continued From page 3 Resident 1's bedroom: -The light in Resident 1's room did not contain a light cover. -Resident 1's private bathroom contained a hole above the handrail near the toilet. The hole measured approximately 5 inches in width and 3 inches in height. On 12/05/2025, at approximately 3:06 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was responsible for notifying his/her maintenance team to ensure the facility meets the code requirement. Licensee A reported s/he would ensure all the necessary corrections were done.	M 276		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the facility did not ensure 1 of 1 residents' individual service plan (ISP) was developed, signed, and dated by all persons involved in developing the plan. Resident 1's ISP was not signed by each	M 406		

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M 406	Continued From page 4 resident's guardian or the placing agencies. Findings include: On 12/05/2025, at approximately 8:30AM, Surveyors reviewed resident records and identified the following: Resident 1 was admitted on 07/17/2021. Resident 1 had a guardian and Managed Care Organization (MCO) case management team. Resident 1's ISP, dated 05/06/2025 did not contain signatures from the placing agencies or Resident 1's guardian. Resident 1's ISP indicated s/he had a guardian. On 12/05/2025, at approximately 3:06 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was aware of the code requirement for ISP's. Licensee A reported s/he was responsible for ensuring all parties signed the ISPs.	M 406		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure 2 of 2 residents' Individual Service Plans (ISPs) included all required information.	M 410		

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M 410	Continued From page 5	M 410		

Resident 1's and Resident 2's ISPs did not include information about medications.

Findings include:

The provider is licensed to serve up to 4 ambulatory residents within the client groups of advanced age, traumatic brain injury, emotionally disturbed/metal illness, alcohol/drug dependent, and developmentally disabled.

On 12/05/2025, at approximately 8:30AM, Surveyors reviewed resident records and identified the following:

Resident 1 was admitted to the facility on 07/17/2022, with diagnoses including type 2 mellitus diabetes, angina, depression, hyperlipidemia, and chronic obstructive pulmonary disease.

Resident 1's ISP was dated 05/06/2025 and did not include a description of medications for Resident 1.

Resident 2 was admitted to the facility on 05/19/2025, with diagnoses including type 2 mellitus diabetes, hyperlipidemia, diabetic neuropathy, sleep apnea, and hypothyroidism.

Resident 2's ISP was dated 06/19/2025. Resident 2's ISP did not include a description of medications for Resident 2.

On 12/05/2025, at approximately 3:06 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was aware of the code requirement for ISPs. Licensee A reported s/he did not know why Resident 1's and Resident 2's ISPs did not contain a description of medications. Licensee A

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M 410	Continued From page 6 reported s/he would make the corrections.	M 410		
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, record review, and interview, the provider did not ensure 3 of 3 resident's (Resident 1, Resident 2, and Resident 3) prescription medications were securely stored. Resident 1's, Resident 2's, and Resident 3's insulin pens were not securely stored in the kitchen refrigerator. Resident 1's prednisone eye drops, and nasal powder were left on the kitchen counter throughout the duration of the survey. Findings include: On 11/12/2025, at approximately 9:44 AM, Surveyors toured the facility's kitchen and observed following in the refrigerator: Resident 1: -3 Flex Touch insulin degludec injection pens. -1 box of Flex Touch insulin degludec injection	M 458		

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M 458	Continued From page 7 pens. -3 Ozempic(semaglutide)2mg injection pens. -1 box of Admelog Solostar 100 unit injection pens. -1 box of Ozempic(semaglutide) injection pens. -1 bottle of Prednisone 1% eye drops resided on the kitchen counter. -1 bottle of 3mg baqsimi glucagon nasal powder resided on the kitchen counter. Resident 2: -2 Insulin Lispro KwikPen injection pens. -1 Insulin Glargine-yfgn injection pen. -1 box of Insulin Glargine-yfgyn injection pens. -1 box of Insulin Lispro KwikPen injection. Surveyors observed Resident 2 moving freely around the facility. Resident 3: -1 box of Lantus Solostar 15ml injection pens. -1 box of Novolog 100/ml flex pens. On 12/05/2025, at approximately 3:06 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was aware of the code requirement surrounding secured medications. Licensee A reported facility staff are responsible for ensuring all medications are securely locked. Licensee A reported all staff members have keys to the lock boxes and the medications should always be locked. Licensee A reported s/he planned to re-educate the facility staff on securely storing medication.	M 458		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident,	M 464		

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M 464	Continued From page 8	M 464		

the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not obtain a written order from the physician who prescribed medications to the resident, stating who can administer the medications for 2 of 2 residents. Resident 1's and Resident 2's records did not contain a written order identifying who could administer medications.

Findings include:

On 12/05/2025, at approximately 8:30 AM, Surveyor reviewed resident records and identified the following:

Resident 1 was admitted to the facility on 07/17/2022, with diagnoses including type 2 mellitus diabetes, angina, depression, hyperlipidemia, and chronic obstructive pulmonary disease. Resident 1's record did not include a physician's order stating who could administer Resident 1's medications. Resident 1's ISP was dated 05/06/2025. The ISP indicated Resident 1 required assistance with medication administration/ medication management. Resident 1 required assistance with blood sugar level checks and monitoring of side effects and

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M 464	Continued From page 9 efficacy of medications Resident 2 was admitted to the facility on 05/19/2025, with diagnoses including type 2 mellitus diabetes, hyperlipidemia, diabetic neuropathy, sleep apnea, and hypothyroidism. Resident 2's ISP was dated 06/19/2025. Resident 2's record did not include a physician's order stating who could administer Resident 2's medications. Resident 2 required assistance with blood sugar level checks and monitoring of side effects and efficacy of medications. On 12/05/2025, at approximately 3:06 PM, Surveyor interviewed Licensee C. Licensee C confirmed the requirement to have a written order indicating who can pass resident prescription medications. Licensee C reported, House Manager B was responsible for ensuring the medication written orders were completed and placed in resident records. Licensee C reported the medication written order forms are at the facility and available for completion. Licensee C reported there was no excuse as to why the written medication orders were not done.	M 464		
M 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on observation and interview, the provider	M 482		

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M 482	Continued From page 10 did not ensure 2 of 2 residents' medical records were stored within the home in a secured location. The resident records were kept offsite. This is a repeat deficiency. See Statement of Deficiency (SOD) YUIX11, dated 03/24/2021 Findings include: On 11/12/2025, at approximately 8:30AM, Surveyors requested Resident 1's and Resident 2's records. Licensee A reported the records were being uploaded into a new electronic system. House Manager B reported s/he was unable to locate the requested records as they were not at the facility. Licensee A reported s/he would email the records as soon as possible. On 12/05/2025, at approximately 3:06 PM, Surveyor interviewed Licensee A. Licensee A reported s/he found some of the resident records at the facility as the records were not organized. Licensee A reported s/he planned to hire someone to oversee the process of ensuring all resident records are stored and organized properly at the facility. The provider did not ensure resident records were stored within the home.	M 482		