STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010761	A. BUILDING: _____ B. WING _____	02/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRUE LIFE HOMES I	5532 BYRD 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 02/17/2026, Surveyor completed an abbreviated survey and complaint investigation at True Life Homes I. As a result, 5 deficiencies were identified. The complaint was substantiated. Census: 4	M 000		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) had a signed service agreement when there was a change in guardianship. Findings include: On 02/10/2026, at 11:00 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 12/01/2005. Resident 1's file had a service agreement, dated 12/22/2005, which was signed by Former Guardian E. On 05/18/2018, Guardian D became Resident 1's court appointed guardian. The service agreement was not updated with	M 384		

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

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M 384	Continued From page 1 Guardian D's signature after s/he was appointed as Resident 1's guardian. On 02/17/2026, at 9:30 AM, Surveyor interviewed Coordinator A. Coordinator A reported s/he was not aware s/he needed to update the service agreement when there was a guardianship change. Coordinator A reported s/he thought the service agreement needed to be updated but was not sure. Coordinator A reported s/he would ensure the service agreement was updated with the new guardian.	M 384		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by:	M 424		

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M 424	Continued From page 2 Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) individual service plan (ISP) was reviewed at least every 6 months and updated with changes. Resident 1's ISP was not updated in July 2025 and did not include any of Resident 1's hospitalizations. Findings include: On 02/10/2026, at 11:00 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 12/01/2005. Resident 1 had a guardian. Resident 1 had a managed care organization (MCO). Resident 1's ISP was dated 02/11/2025 and indicated it covered a period of 01/30/2025 - 06/30/2025. Resident 1's ISP was due to be reviewed in July 2025. Resident 1's ISP was not signed by Resident 1's guardian. Surveyor reviewed the following after visit summaries (AVS): 11/11/2024 - 11/14/2024 Bowel obstruction 10/07/2025 - 10/10/2025 Bowel obstruction 11/07/2025 - 11/10/2025 Bowel obstruction 11/15/2025 - acute kidney injury/dehydration 11/19/2025 - abdominal pain/diarrhea Resident 1's ISP did not indicate any information about Resident 1's hospitalizations in 2024 and 2025 and what services staff need to provide to assist Resident 1. On 02/17/2026, at 9:30 AM, Surveyor interviewed Coordinator A. Coordinator A reported s/he was responsible for updating resident ISPs. Coordinator A confirmed the code requirement. Coordinator A reported Guardian D participated in the ISP review over the phone but was unsure if	M 424		

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M 424	Continued From page 3 s/he ever sent Guardian D Resident 1's ISP for signature. Coordinator A reported staff would ensure Resident 1 drank plenty of liquids to assist with Resident 1's bowel obstructions, but Resident 1 often resisted. Coordinator A s/he would ensure the ISPs included all information.	M 424		
M 530	88.09(2)(a)8 TRAINING DOCUMENTATION Documentation of successful completion of the training requirements under HSS 88.04(5). This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain and keep up to date a personnel record for each service provider which included documentation of successful completion of the training requirements under s. DHS 88.04(5) for 2 of 2 employees reviewed (Lead Caregiver B and Caregiver C). Caregiver B's record and Caregiver C's record did not contain evidence of 8 hours of annual training for 2024 and 2025. DHS 88.04(5)(b) states "(5) TRAINING. (b) Except as provided in pars. (c) and (d), the Coordinator 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." Findings include: On 02/04/2026, at 12:05 PM, Surveyor reviewed staff records and identified the following:	M 530		

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M 530	Continued From page 4 Lead Caregiver B was hired on 02/12/2018. Under the 2024 tab in Lead Caregiver B's file, a packet of "Misconduct Definitions" which had a handwritten label of 2024 at the top. Under the 2025 tab in Lead Caregiver B's file, was a booklet titled "2025 Adult Care Training for WI 3-4 Bed Adult Family Homes 8 Hours". The booklet was not filled out, and all certificates inside the file were blank. Lead Caregiver B's file did not contain any evidence of completed continuing education training for 2024 and 2025. Caregiver C was hired on 07/12/2013. Under the 2024 tab in Caregiver C's file, a packet of "Misconduct Definitions" which had a handwritten label of 2024 at the top. Under the 2025 tab in Caregiver C's file, was a booklet titled "2025 Adult Care Training for WI 3-4 Bed Adult Family Homes 8 Hours". The booklet was not filled out, and all certificates inside the file were blank. Caregiver C's file did not contain any evidence of completed continuing education training for 2024 and 2025. On 02/04/2026, at 12:15 PM, Surveyor interviewed Coordinator A. Coordinator A reported s/he thought the training was located in the office. Coordinator A reported s/he would need to send it to Surveyor. Surveyor requested the training information by 3:00 PM. On 02/04/2026, at 2:41 PM, Coordinator A sent Surveyor an email. The email stated, " ...As far as continuing education for 2024 [and] 2025 we hadn't filed in binders so it's just a matter of putting them where each belongs ..."	M 530		
M 572	88.10(3)(m) Freedom from Abuse Freedom from abuse. To be free from	M 572		

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M 572	Continued From page 5	M 572		

physical, sexual or mental abuse, neglect, and financial exploitation or misappropriation of property.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) was free from financial exploitation. Resident 1's purchases were co-mingled with other residents' purchases in the home.

Findings include:

On 10/24/2025, the Department received a complaint alleging concerns of resident money.

On 02/10/2026, at 11:00 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 12/01/2005. Resident 1 had a guardian. Surveyor reviewed Resident 1's personal fund ledgers and receipts and identified the following:

04/11/2025 - McDonalds $14.72
4 McChicken sandwiches $5.98
1 strawberry shake $2.99
1 medium coke $1.49
1 large french fry $3.49
The total receipt was divided by 2 and totaled $7.36 per resident.

04/30/2025 - Starbucks $37.03
2 Caramel macchiato $11.50
1 iced caramel macchiato $5.95
3 ham swiss croissants $15.75
Gratuity $2.00
The total receipt was divided by 3 and totaled $12.34 per resident

05/15/2025 - Chik Fil-a $21.50
1 Spicy Sandwich meal with pepper jack cheese

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M 572	Continued From page 6	M 572		

$9.79
1 Spicy deluxe sandwich meal with lemonade $10.59
The total receipt was divided by 2 and totaled $10.75 per resident.

05/20/2025 - Target $54.41
Wet Line $4.89
Suave $3.99 x 2 = $7.98
Tresemme $6.99
Herbal Essences $9.99
Herbal Essences $9.99
Secret $11.99
The total receipt was divided by 3 and totaled $18.14 per resident.

05/27/2025 - McDonalds $28.33
2 McChicken $3.69
1 cheeseburger meal $8.29
1 large french fry $4.19
1 10 piece McNuggets meal $9.19
1 medium Dr Pepper $1.49
The total receipt was divided by 3 and totaled 9.44 per resident

06/30/2025 - Dunkin' $9.89
1 old-fashioned donut $1.79
1 large iced coffee $4.19
1 large hot decaf coffee $3.39
The total receipt was divided by 2 and totaled $4.95 per resident.

07/07/2025 - Chik fil-a $18.55
2 Chicken Burrito meals $16.70
Lemonade upcharge $0.88
The total receipt was divided by 2 and totaled $9.28 per resident.

07/17/2025 - Dollar General Store $54.97
Colgate $8.25

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M 572	Continued From page 7 2 Colgate toothpaste $4.50 2 Crest toothpaste $9.00 6 Dial body wash $24.00 Crest $5.85 Caress body soap $3.75 Reese's big cup $2.25 The total receipt was divided by 3 and totaled $18.32 per resident. 07/23/2025 - McDonalds order total $22.96 1 hotcakes & sausage $4.89 1 oatmeal $2.89 1 Egg McMuffin meal with coffee $6.39 1 Egg McMuffin meal with orange juice $7.59 The total receipt was divided by 4 and totaled $7.65 per resident. 09/22/2025 - Instacart order from Family Dollar $109.27 Spa Soap invigorating body wash $2.39 x 3 = $7.17 Suave body lotion $5.99 x 2 = $11.98 Pantene shampoo & conditioner $12.99 x 2 = $25.98 Lady Speed Stick $1.79 x 6 = $10.74 Colgate toothpaste $6.99 x 1 = $6.99 Suave shampoo $2.49 x 3 = $7.47 Family Wellness pack of toothbrushes $1.49 Suave Essentials body wash $3.99 x 3 = $11.97 Suave coconut shampoo $2.49 x 3 = $7.47 The total receipt was divided by 3 and totaled $36.42 per resident. The receipts did not indicate what items were purchased and distributed to Resident 1. On 02/17/2026, at 9:30 AM, Surveyor interviewed Coordinator A. Coordinator A confirmed s/he used to combine all resident purchases and divide up the total. Coordinator A reported s/he had changed the way s/he completed purchases.	M 572		

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M 572	Continued From page 8 Coordinator A stated, "I've been doing this for quite a while and I'm not going to lie, sometimes you get too comfortable with things and things happen, lesson learned."	M 572		
Z 019	50.065(6)(am) Four Year Caregiver Background Requirement Every 4 years an entity shall require its caregivers and nonclient residents to complete a background information form that is provided to the entity by the Department. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure caregiver background checks were completed every 4 years for 2 of 2 caregivers reviewed. Lead Caregiver B and Caregiver C did not have a background check completed at least every 4 years. Findings include: On 02/04/2026, at 12:05 PM, Surveyor reviewed staff records and identified the following: - Lead Caregiver B was hired on 02/12/2018. Caregiver C's record contained a background information disclosure (BID), dated 02/12/2018. Caregiver C's record contained a Department of	Z 019		

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Z 019	Continued From page 9 Justice check (DOJ) or a government findings report (GFR) dated 02/26/2018. Caregiver C's record also contained a BID, DOJ and GFR, dated 05/12/2025. Lead Caregiver B's record should have contained a completed background check in 2022. - Caregiver C was hired on 07/12/2013. Caregiver C's original BID, DOJ and GFR were dated 07/12/2013. Caregiver C's record contained a BID, dated 01/18/2018. Caregiver C's record did not contain a DOJ and GFR for 2018. Caregiver C's record contained a BID, DOJ and GFR, dated 05/12/2025. Caregiver C's record should have contained a completed background check in 2017 and 2021. On 02/04/2026, at 12:15 PM, Surveyor interviewed Coordinator A. Coordinator A reported s/he would need to look at the office. Coordinator A reported s/he would need to send it to Surveyor. Surveyor requested the training information by 3:00 PM. On 02/04/2026, at 2:41 PM, Coordinator A sent Surveyor an email. The email indicated they were cited at another facility during a recent survey and realized some staff were past due for the 4-year background checks.	Z 019		