

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012795	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/17/2023
NAME OF PROVIDER OR SUPPLIER EXCEL		STREET ADDRESS, CITY, STATE, ZIP CODE 2220 SUMMIT AVE RACINE, WI 53404		
(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 08/17/2023, Surveyor conducted a standard survey and complaint investigation at Excel. One deficiency was identified. Two complaints were unsubstantiated. Census: 4	M 000		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 fire extinguishers were inspected annually by an authorized dealer or the local fire department. Two of 2 fire extinguishers each bore a tag stating the extinguisher was last	M 332		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 332	Continued From page 1 served in April 2022. Findings include: On 08/17/2023 at approximately 11:30 AM, Surveyor toured the facility with Program Manager (PM) A and identified the following: -The kitchen fire extinguisher had a sticker affixed to it, which stated it was most recently serviced in April 2022. -The basement fire extinguisher had a sticker affixed to it, which stated it was most recently serviced in April 2022. On 08/17/2023 at approximately 12:00 PM, Surveyor interviewed PM A. PM A acknowledged the fire extinguishers had not been serviced since 04/2022. PM A stated s/he assumed his/her current position recently and had been unaware fire extinguishers servicing was part of his/her responsibility. PM A stated they would be serviced as soon as possible.	M 332			