STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014696	A. BUILDING: _____ B. WING _____	C 08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFESTYLE ADULT FAMILY HOME 4	3616 SOVEREIGN DRIVE 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 08/07/2024, Surveyors conducted two complaint investigations at Lifestyle Adult Family Home 4, an Adult Family Home (AFH) in Racine, WI. Two deficiencies identified. Two of two complaints unsubstantiated. Census: 2	M 000		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not assess for 1 of 1 resident (Resident 1) need for supervision in the community. Findings include: On 08/07/2024 at approximately 9:00 AM, Surveyors observed Resident 1 was not at the facility and that Resident 1 returned to the facility at approximately 9:20 AM. On 08/07/2024 at approximately 9:30 AM, Surveyors interviewed Resident 1. Resident 1 stated s/he was gone from 7: 00 AM to 9:20 AM.	M 436		

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

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M 436	Continued From page 1 Resident 1 stated s/he walked to the park by his/herself which is about 10-15 minutes from the facility. On 08/07/2024, Surveyors reviewed Resident 1's record and identified the following: Resident 1 was admitted to the provider's home on 08/31/2021. Resident 1's ISP dated 06/18/2024 stated Resident 1 required 24-hour supervision. On 08/07/2024 at approximately 10:30 AM, Surveyors interviewed Licensee A. Licensee A stated s/he thought it was just for the "program" and s/he would talk to Resident 1's case manager and get it updated to reflect his/her supervision appropriately.	M 436		
M 472	88.07(4)(b) 3 NUTRITIOUS MEALS AND SNACKS The licensee shall provide to each resident or ensure that each resident receives 3 nutritious meals each day and snacks that are typical in a family setting. This Rule is not met as evidenced by: Based on observation and interview, the provider did not provide each resident with snacks available that are typical in a family setting for 2 of 2 residents. The provider stored all additional snacks and food items in an adult family home they owned, which was next door to the facility, where residents did not have access. Findings include:	M 472		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 472	Continued From page 2 On 08/07/2024 at approximately 9:30 AM, Surveyors interviewed Resident 1. Resident 1 stated there was no food in the home for meals and there were usually no snacks for them to have. On 08/07/2024 at approximately 9:45 AM, Surveyors toured the facility. Surveyors observed the following food in the refrigerator: -opened package of lunch meat -open package of tortilla shells -eggs -lettuce -bag of onions -ring bologna Surveyors opened cabinets in kitchen and observed canned food and no individual snacks in the home. On 08/07/2024 at approximately 9:50 AM, Surveyors interviewed Caregiver B. Caregiver B stated they kept all the extra food and snacks in another adult family home owned by the provider, which was next door, because the residents in this house, would eat all the snacks up in one night. On 08/07/2024 at approximately 10:00 AM, Surveyors interviewed Licensee A. Licensee A stated the facility staff would buy in bulk and would sometimes cook in bulk, too, and then they distributed to the other homes since they owned 5 adult family homes in the area. Surveyor asked Licensee A if the snacks were accessible to the residents. Licensee A stated, "no" because they were all kept in the facility next door.	M 472		