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 _____	R-C 03/18/2026

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 03/18/2026, Surveyor concluded a standard survey, verification visit and complaint investigation at Lifestyle Adult Family Home 4. Three deficiencies were identified. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home had at least 2 means of exiting which provided unobstructed access to the outside for 2 of 2 exits. The front door and the back door, identified as an emergency exit, led to sidewalks that were covered in snow and ice. The front exit passageway, down the driveway, to the meeting place, was covered with snow and ice. The back exit stepped onto an icy landing. There was one step down onto a sidewalk. The sidewalk led out of the back yard. To evacuate, it required opening the backyard fence door. The fence door could not be opened due to snow and ice.	M 338		

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

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M 338	Continued From page 1 Findings include: On 03/17/2026 at 8:55 a.m., Surveyor arrived at the facility and observed the following: - From the mailbox on the street, to the sidewalk of the facility, the driveway was approximately 45-55 feet. - From the mailbox to the sidewalk of the facility, the driveway was covered in ice and approximately 1 ½ inches of snow. The only clear portion of the driveway was where a vehicle had been previously parked, and the driveway pavement was visible. - The back door stepped onto an icy landing. There was one step down onto a sidewalk. The sidewalk led out of the back yard and was approximately 14 feet. To evacuate, it required opening the backyard fence door. The sidewalk was covered in approximately 1 ½ inches of snow. The fence door could not be opened due to snow and ice. On 03/17/2026 at 9:20 a.m., Caregiver E provided copy of evacuation plan. The posted exit plan identified two emergency exits; one was the front door, and the other was the back exit door. Caregiver E confirmed that the mailbox at the end of the driveway was the meeting place if there was a fire. Caregiver E stated sometimes staff would shovel and sometimes the residents would shovel. On 03/17/2026 at 9:25 a.m., Surveyor asked Caregiver E to open the fence door, in the backyard. Caregiver E stated, "It does not open. The snow and ice are in the way." On 03/17/2026 at 10:05 a.m., Surveyor	M 338		

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M 338	Continued From page 2 interviewed Licensee A, who confirmed the front and back doors were listed as an emergency exits. Surveyor informed him/her of the findings. Licensee A acknowledged the driveway had snow and ice on it and the back exit doorstep was icy and the path was blocked by snow and ice. Licensee A confirmed the fence door could not be opened due to snow and ice. Licensee A had staff clear the 2 means of exiting to the outside during the survey process.	M 338		
M 412	88.06(3)(d)1 DESCRIPTION OF SERVICES A description of services the licensee will provide to meet the assessed need. This Rule is not met as evidenced by: Based on record review and interviews, the provider did not have a description of the services in the individual service plan (ISP) where the licensee would provide and meet the assessed needs of 1 of 1 resident (Resident 1). Resident 1's ISP did not include information regarding how staff would support Resident 1's behavioral need. Resident 1's ISP dated 10/13/2025 did not include information on how to support Resident 1 when s/he was being destructive of property and/or self and/or being physically and/or mentally abusive. Findings include:	M 412		

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M 412	Continued From page 3 On 03/17/2026 at 10:00 a.m., Surveyor reviewed Resident 1's record and identified the following: Resident 1 had a move date of 06/14/2025 with diagnoses including depression, autistic disorder, anxiety disorder, attention deficit hyperactivity disorder and schizoaffective disorder. Resident 1 was his/her own person. Resident 1 was enrolled in services with a managed care organization (MCO) and was assigned case managers. Resident 1's ISP dated 10/13/2025 did not include information on how to support Resident 1 when s/he was being destructive of property or self and/or being physically and/or mentally abusive. Resident 1 did not have a behavioral support plan (BSP). On 03/17/2026, at 8:10 a.m., Caregiver E stated Resident 1 had anger issues. Surveyor asked Caregiver L where s/he referenced how to manage Resident 1's behaviors. Caregiver L stated, "We were just verbally trained on it." On 03/17/2026, at 11:45 a.m., Surveyor reviewed Resident 1's ISP with Caregiver E. Surveyor asked Caregiver E about section titled, "Destructive of property or self, physically or mentally abusive." Caregiver E stated, "I really don't know what to do when s/he gets like that. I do not see any information in the ISP on how to react to [Resident 1] during his/her behaviors. I just try to be nice to him/her." Surveyor concluded interview by asking Caregiver E about his/her training for aggressive and combative residents. Caregiver E stated, "I don't even know what to tell you. I am leaning into my best guess on how to help these residents." Caregiver E could not recall if s/he had challenging behavior training. On 03/17/2026, at 10:00 a.m., Surveyor interviewed Licensee A who confirmed Resident 1	M 412		

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M 412	Continued From page 4	M 412		

had behaviors. Licensee A stated Resident 1 jumped on one of his/her staff two different times. Licensee A stated the police came on 02/26/2026. Licensee A stated Resident 1 had broken 4 beds already and s/he has destroyed his/her room.

On 03/17/2026, at 12:40 p.m., Surveyor received and reviewed a copy of Resident 1's 30-day notice, dated 02/26/2026. The 30-day notice was made out to Care Manager (CM) D. The 30-day letter stated, "During [Resident 1's] residency, several significant behavioral concerns involving staff and peers have arisen. On two separate occasions, [Resident 1] physically assaulted a staff member, with incidents occurring on September 21st, 2025, and February 26, 2026. When [Resident 1] becomes upset or does not get his/her way, s/he has demonstrated escalating agitation and has lashed out toward staff."

On 03/17/2026, at 1:59 p.m., Surveyor interviewed Licensee A who provided Resident 1's treatment plan that s/he created for Resident 1. Licensee A stated it was created to provide him/her with short-term and long-term goals and short-term objectives. Licensee A explained it was a safety plan for both Resident 1 and staff to follow. Resident 1's treatment plan included a staff implementation guide. The summary section stated, "[Resident 1] is supported at Lifestyle to improve emotional regulation, increase independence, and reduce unsafe behaviors. This plan outlines staff responses, safety procedures, and goals to promote long term stability and success." Surveyor did not observe a date or signatures of agreement from Resident 1, Resident 1's care management team and Licensee A. Surveyor did not observe an updated ISP to include the treatment plan information.

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M 412	Continued From page 5 On 03/17/2026, at 2:48 p.m., Surveyor interviewed Licensee A and Program Director (PD) B regarding Resident 1's ISP. Licensee A confirmed that s/he conducted assessments and PD B wrote the residents' ISPs. Surveyor asked how the staff assisted Resident 1 when s/he experienced a behavioral crisis, such as destroying property or harming him/herself and being physically or mentally abusive. PD B explained the staff was to redirect Resident 1. Surveyor asked what caregivers were supposed to do when redirecting Resident 1. Surveyor, Licensee A and PD B evaluated the ISP. PD B stated, "To be transparent, I don't know if I've ever included information like that in the ISP." Surveyor asked Licensee A how staff knew what to do for Resident 1's complex health needs if the information was not in the ISP. Licensee A stated, "I was working on implementing [Resident 1's] treatment plan." Resident 1 did not have clear behavioral interventions in place for caregivers to follow when Resident 1 began to experience behavioral episodes. Resident 1 received a 30-day notice for, "several significant behavioral concerns." Cross Reference: M0480 DHS 88.08 Termination of Services	M 412		
M 480	88.08 TERMINATION OF PLACEMENT TERMINATION OF PLACEMENT. A licensee may terminate a resident's placement only after giving the resident, the resident's guardian, if any, the resident's service coordinator, the	M 480		

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M 480	Continued From page 6 placing agency, if any and the designated representative, if any, 30 days written notice. The termination of a placement shall be consistent with the service agreement under s. HSS 88.06(2)(c)7. The 30 day notice is not required for an emergency termination necessary to prevent harm to the resident or the other household members. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 30 days' written notice was given when the provider issued a termination of placement for 1 of 1 resident (Resident 1). The provider did not give Resident 1 a 30-day notice when issuing a termination of placement. Findings include: Resident 1 had a move date of 06/14/2025 with diagnoses including depression, autistic disorder, anxiety disorder, attention deficit hyperactivity disorder and schizoaffective disorder. Resident 1 is his/her own person. Resident 1 was enrolled in services with a managed care organization (MCO) and was assigned case managers. Surveyor did not observe a 30-day written notice in Resident 1's record. Surveyor reviewed provider Admission Agreement, dated 02/14/2020. The document read, "Prior to transfer or discharge [sic] Lifestyle must be provided [sic] a 30-day notice. Upon transfer or discharge [sic] Lifestyle will make every effort to assist resident [sic] in relocating. Lifestyle will provide resident [sic] with assistance packing all belongings, provide records upon request and any other assistance within reason."	M 480		

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M 480	Continued From page 7 On 03/17/2026 at 10:15 a.m., interviewed Licensee A who stated, "We verbally told [Resident 1] s/he was receiving a 30-day notice. I gave a letter to a caregiver to give to [Resident 1]." Surveyor asked if a written notice was provided to Care Manager (CM) D. Licensee A told Surveyor that Program Director (PD) B emailed it to him/her. On 03/17/2026 at 12:26 p.m., Surveyor interviewed Resident 1, who stated s/he did not receive a copy of the 30-day notice. Resident 1 stated, "I was only told that I was getting a 30-day notice." On 03/18/2026 at 8:26 a.m., Surveyor interviewed CM D, who stated s/he never received a copy of the 30-day letter. CM D stated, "I think they had my wrong email, so I never received it. However, I talked to PD B yesterday, and s/he stated s/he would resend it to me via email." Cross Reference: M0412 DHS 88.06(3)(d)1 Description of Services	M 480		