STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011524	A. BUILDING: _____ B. WING _____	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRUE LIFE HOMES II	920 SOUTH ST RACINE, WI 53402

(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 05/22/2025 with information gathered through 05/23/2025, Surveyor conducted a standard survey, at True Life Homes II, an Adult Family Home (AFH) in Racine, WI. Three deficiencies were identified. Census: 4	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 1 of 1 employee (Caregiver B) received annual training on resident rights in 2024. Findings include: On 05/22/2025, Surveyor reviewed Caregiver B's record and identified the following: Caregiver B was hired on 05/22/2006. Caregiver B's record did not contain evidence of any annual training on resident rights in calendar year 2024.	M 246		

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

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 246	Continued From page 1 On 05/23/2025, at approximately 10:52 AM, Surveyor interviewed House Manager A. House Manager A confirmed Caregiver B did not receive annual training on resident rights in calendar year 2024. House Manager A stated moving forward s/he would ensure employees receive annual training on resident rights.	M 246		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure monthly smoke detector testing for calendar year 2024. There was no evidence smoke detectors were checked in 2024. Findings include: On 05/22/2025, Surveyor requested to review monthly smoke detector testing for 2024 from House Manager A. On 05/22/2025, at approximately 9:29 AM, Surveyor interviewed House Manager A. House Manager A confirmed there was no documentation that smoke detectors were tested in 2024. House Manager A stated s/he was aware	M 336		

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	0011524	A. BUILDING: _____ B. WING _____	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 336	Continued From page 2 of this requirement. House Manager A stated staff did test smoke detectors in 2024 but did not document. House Manager A stated moving forward s/he would ensure staff document testing of smoke detectors monthly.	M 336		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. 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) individual service plan (ISP) reviewed included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 1's ISPs did not include a signed statement of agreement with all parties involved. Findings include: On 05/22/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 05/20/2006. -Resident 1 had a legal guardian. -Resident 1's ISPs dated 11/13/2024 and 05/07/2025, were not signed by his/her legal guardian. On 05/22/2025, at approximately 10:10 AM, Surveyor interviewed House Manager A. House	M 420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011524	A. BUILDING: _____ B. WING _____	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRUE LIFE HOMES II	**920 SOUTH ST RACINE, WI 53402**

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M 420	Continued From page 3 Manager A confirmed Resident 1's ISPs were not signed by his/her legal guardian. House Manager A stated s/he did not ask Resident 1's guardian to sign ISPs. House Manager A stated moving forward s/he would ensure Resident 1's guardian sign his/her ISP.	M 420		