STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018155	A. BUILDING: _____ B. WING _____	C 09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW WAY ADULT FAMILY HOME #1	1852 WOODLAND AVENUE RACINE, WI 53403

(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 09/27/2023, Surveyor completed a standard survey and complaint investigation. As a result, 6 deficiencies were identified, and the complaint was unsubstantiated. Census: 3	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 caregiver completed 8 hours of training approved by the licensing agency related to 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. Caregiver B did not have 8 hours of annual training in 2021 and 2022. Findings include: On 09/27/2023, at 1:00 PM, Surveyor reviewed employee records and identified the following: -Caregiver B was hired on 08/13/2019. Caregiver B's record did not contain evidence of any training	M 246		

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

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M 246	Continued From page 1 in 2021 and 2022. On 09/27/2023, at 1:15 PM, Surveyor interviewed Licensee A regarding caregiver training. Licensee A confirmed Caregiver B did not receive continuing education in 2021 and 2022. Licensee A reported s/he was unaware of how often staff were to receive continuing education and asked, "How often is it, every 2 years?" Licensee A reported s/he would have Caregiver B receive continuing education within the next week.	M 246		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a clean, well-maintained, and homelike environment for 3 of 3 residents who resided in the facility. The bedrooms, bathroom, hallway carpet, hallway walls and kitchen were in need of cleaning and maintenance. Findings include: On 09/27/2023, at 11:30 AM, Surveyor toured the facility and identified the following: Bathroom -The door was splintered and broken with the front of the door and the back of the door	M 276		

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M 276	Continued From page 2	M 276		

separated from the main part of the door.
-In front of the bathtub, there was a square, metal, white heat vent. The heat vent was bent upward, creating a V-shaped rise in the middle of the vent. This V-shaped metal rise contained a sharp edge. The vent contained areas of brown-orange discoloration, consistent with rust. (Photo 01)
-There was a used incontinence pull up lying on the floor next to wet, used wash cloths.
-There were 2 bars of soap on the sink.

2nd floor hallway
-The carpet was darker in high traffic areas and contained stains. (Photo 03 and 04)
-The wall contained 3 patched holes with raised, unpainted drywall compound. (Photo 02)

Resident 2's bedroom
-The carpet was darker in high traffic areas, such as, the pathways between the bed, to the closet, and main door. There were rust colored areas and dark brown areas, consistent with stains, on the carpet. (Photo 05)
-The corner of the room was missing a section of the carpet.
-The screen to the window was bent and did not fit in the track. (Photo 06)

Resident 3's bedroom
-The carpet was darker in areas such as pathways to the bed, closet and main door.
-There approximately 5 used incontinence garments stored on the wall by the bedside table.

Resident 1's Bedroom
-The top portion of the 4 walls contained dark stringlike substances, consistent with cobwebs. These cobwebs were in the corners, and above the window.

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M 276	Continued From page 3 Kitchen -The cabinet doors were sticky to the touch. -The inside of the microwave, located on the counter, was soiled with brown and orange areas, consistent with dried food splatters. The interior door contained a sticky substance. -The bottom portion of a microwave frame, located above the stove, was busted and hanging off the appliance. Back Hallway -There were used cigarette butts and ashes on the stairs. On 09/27/2023, at 1:30 PM, Surveyor interviewed Licensee A regarding the cleanliness and homelike environment of the facility. Licensee A confirmed the facility should have been clean upon the on-site survey. Licensee A reported s/he would make the necessary repairs, have the painted, and the house cleaned.	M 276		
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	M 332		

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M 332	Continued From page 4	M 332		

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 3 floors contained a fire extinguisher. One fire extinguisher was observed and did not have a minimum 2A, 10-B-C rating, with a tag, and was not mounted.

The basement and 2nd floor of the facility did not contain a fire extinguisher.
The fire extinguisher located at the head of a stairway, near the kitchen, had a 1-A, 10-B-C rating and did not have an inspection tag.
The fire extinguisher was on the kitchen counter and was not mounted.

Findings include:

On 09/27/2023, at 11:40 AM, Surveyor observed the following:
-The 2nd floor contained the resident bedrooms. There was an empty fire extinguisher mount located on a wall.
-There was no fire extinguisher located in the basement.
-The head of the stairway, near the rear exit, contained a fire extinguisher with a 1-A, 10-B-C rating, and no inspection tag.
-Stored on the kitchen counter was an unmounted fire extinguisher.

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M 332	Continued From page 5 On 09/27/2023, at 11:45 AM, Surveyor interviewed Resident 1. Resident 1 reported the 2nd floor fire extinguisher had been missing for "quite a bit." On 09/27/2023, at 12:45 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was not aware every floor required a fire extinguisher, specifically the basement. Licensee A reported s/he was unaware the 2nd floor fire extinguisher was missing. Licensee A reported s/he would make sure each floor contained a mounted fire extinguisher and was the correct rating.	M 332		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident admitted to the facility was screened for communicable diseases, for 1 of 2 residents. Resident 1 was not screened for communicable diseases.	M 380		

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M 380	Continued From page 6 Findings include: On 09/27/2023, at 1:00 PM, Surveyor reviewed resident records. Resident 1 was admitted on 05/01/2022. Resident 1's record did not contain evidence s/he was screened for communicable disease. On 09/27/2023, at 1:10 PM, Surveyor interviewed Licensee A regarding residents' health examinations. Licensee A confirmed s/he was aware of the requirement. Licensee A stated, "My mistake, I'll make sure I get it." Licensee A reported s/he hired an assistant to assist with paperwork.	M 380		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the hot water at 1 of 1 resident bathroom faucet was kept at a safe temperature. The hot water temperature was 127° Fahrenheit	M 570		

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M 570	Continued From page 7 (F) at the resident bathroom faucet. Findings include: The adult family home was licensed on 07/01/2020 to serve residents with primary diagnoses of alcohol/drug dependent, traumatic brain injury, emotionally disturbed/mental illness, developmental disability, and physical disability. On 09/27/2023, at 11:45 AM, Surveyor tested the water temperature in the residents' bathroom. The water temperature at the faucet was 127° F. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g. second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017) On 09/27/2023, at 11:45 AM, Surveyor interviewed Resident 1 regarding the water temperature. Resident 1 reported the water at the faucet was hot. Resident 1 stated, "It's hot." On 09/27/2023, at 12:40 PM, Surveyor interviewed Licensee A regarding the water temperature. Licensee A reported s/he was not aware of the water temperature was 127° F. Licensee A reported the water temperature was	M 570		

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M 570	Continued From page 8 checked monthly by staff. Licensee A reported s/he would have the hot water turned down.	M 570		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a good faith effort was made to obtain an out of state background check	Z 012		

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Z 012	Continued From page 9 for 1 of 1 employee (Caregiver C) who indicated they lived out of state in the last 3 years on their Background Information Disclosure (BID) form. Findings include: On 09/27/2023, at 1:00 PM, Surveyor reviewed Caregiver C's record. Caregiver C was hired 12/13/2021. Caregiver C's BID form, dated 12/01/2022, identified Caregiver C resided in the state of New York between 12/2020 and 11/2021. Caregiver C's file did not contain an out of state background check. On 09/27/2023, at 1:10 PM, Surveyor interviewed Licensee A. Licensee A confirmed an out of state background check was not completed. Licensee A reported s/he was responsible for ensuring background checks were completed. Licensee A reported s/he was unaware an out of state background check was required. Licensee A reported s/he would ensure out of state background checks would be completed in the future for those employees who had lived out of state in the previous 3 years.	Z 012		