| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 390210 | A. BUILDING: _____ B. WING _____ | C 11/13/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ALPHA HOMES OF WISCONSIN XIV | 3506 85TH PL KENOSHA, WI 53142 |

| (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 |
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| M 000 | INITIAL COMMENTS<br><br>On 10/22/2025 with information gathered through 11/13/2025, Surveyor conducted a standard survey and complaint investigation, at Alpha Homes of Wisconsin XIV, an Adult Family Home (AFH) in Kenosha, WI.<br><br>Four deficiencies were identified. Complaint unsubstantiated.<br><br>Census: 4 | M 000 | | |
| M 232 | 88.04(2)(g)1 HEALTH SCREENING FOR STAFF<br><br>The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 1 service provider (Caregiver B) was screened for illness detrimental to residents. Caregiver B's record did not contain documentation of being screened for illness detrimental to residents.<br><br>Findings include: | M 232 | | |

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

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| M 232 | Continued From page 1<br>On 10/22/2025, Surveyor reviewed Caregiver B's record and identified the following:<br><br>-Caregiver B was hired on 04/13/2023.<br><br>-Caregiver B's employee record did not contain documentation s/he was screened for illness detrimental to residents.<br><br>On 10/22/2025, at approximately 1:37 PM, Surveyor interviewed Human Resources Director (HRD) A. HRD A confirmed Caregiver B's record did not contain documentation of Caregiver B being screened for illness detrimental to residents. HRD A stated s/he was not aware of this requirement. HRD A stated moving forward s/he will ensure staff are screened for illness detrimental to residents. | M 232 | | |
| M 235 | 88.04(2)(h) COMPLY WITH OSHA<br><br>The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 2 employees (Caregiver B) reviewed received training in standard precautions as required in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the | M 235 | | |

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| M 235 | Continued From page 2<br>control of blood-borne pathogens, prior to providing care to residents and annually. Caregiver B did not receive training in standard precautions annually for 2024.<br><br>The OSHA standard requires the employer train each employee with occupational exposure, "At the time of initial assignment to tasks where occupational exposure may take place" per 1910.1030(g) (2)(ii)(A); and "At least annually thereafter," per 1910.1030(g)(2)(ii) (B).<br><br>Findings include:<br><br>On 10/22/2025, Surveyor reviewed Caregiver B's record and identified the following:<br><br>-Caregiver B was hired on 04/13/2023.<br><br>-Caregiver B's record did not have evidence of receiving standard precautions training in 2024.<br><br>On 11/12/2025, at approximately 1:45 PM, Surveyor interviewed Human Resources Director (HRD) A. HRD A reported Caregiver B works directly with residents to meet all their needs including incontinence. HRD A confirmed Caregiver B did not receive standard precautions training in 2024. HRD A confirmed Caregiver B may encounter bloodborne pathogens. HRD A reported s/he was unaware the code required caregivers to have annual training in standard precautions. | M 235 | | |
| M 244 | 88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS<br><br>The licensee and each service provider shall complete 15 hours of training | M 244 | | |

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| M 244 | Continued From page 3<br>approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 3 service providers (Caregiver B) received training prior to or within 6 months after starting to provide care related to resident rights.<br><br>Findings include:<br><br>On 10/22/2025, Surveyor reviewed Caregiver B's record and identified the following:<br><br>-Caregiver B was hired on 04/13/2023.<br><br>-Caregiver B's employee record did not contain evidence of training related to resident rights.<br><br>On 11/12/2025, at approximately 1:41 PM, Surveyor interviewed Human Resources Director (HRD) A. HRD A confirmed Caregiver B's record did not contain evidence of resident rights training. HRD A reported s/he was responsible to ensure staff received required training. HRD A reported s/he did not realize Caregiver B did not receive resident rights training. | M 244 | | |
| M 420 | 88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT | M 420 | | |

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| M 420 | Continued From page 4<br><br>A statement of agreement with the plan, dated and signed by all persons involved in developing the plan.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 3 of 4 residents (Resident 1, Resident 2 and Resident 3) individual service plans (ISP) reviewed included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 1's, Resident 2's and Resident 3's ISPs did not include a signed statement of agreement with all parties involved.<br><br>Findings include:<br><br>On 10/22/2025, Surveyors reviewed resident records and identified the following concerns:<br><br>Resident 1<br>- Resident 1 was admitted to the provider's home on 09/01/2004.<br>- Resident 1 had a legal guardian.<br>- The consumer roster identified Resident 1 had a managed care organization (MCO) case management team.<br>- Resident 1's ISP dated 09/10/2025. Resident 1's ISP did not contain MCO case management team signatures.<br><br>Resident 2<br>- Resident 2 was admitted to the provider's home on 04/20/2015.<br>- Resident 2 had a legal guardian.<br>- The consumer roster identified Resident 2 had a managed care organization (MCO) case | M 420 | | |

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| M 420 | Continued From page 5<br>management team.<br>- Resident 2's ISP dated 10/10/2025. Resident 2's ISP did not contain his/her guardian signature.<br>- Resident 2's MCO case manager signed Resident 2's ISP on 10/23/2025 (1 day after Surveyor requested Resident 2's ISP).<br><br>Resident 3<br>- Resident 3 was admitted to the provider's home on 02/12/2020.<br>- Resident 3 had a legal guardian.<br>- Resident 3's ISP dated 09/05/2025. Resident 3's ISP did not contain his/her guardian signature.<br><br>On 10/22/2025, at approximately 1:13 PM, Surveyor interviewed Human Resources Director (HRD) A. HRD A confirmed resident ISPs needed to be signed by all parties in agreement with the plan. HRD A stated s/he would ensure all ISPs were signed by all parties. | M 420 | | |