Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012956	A. BUILDING: _____ B. WING _____	R 10/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANNA HOUSE (THE)	2400 KINZIE AVE RACINE, WI 53405

(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 10/03/2023, Surveyor conducted a verification visit at The Manna House. As a result, 1 deficiency was identified. One of 1 deficiency was a repeat violation. See Statement of Deficiency (SOD), N0JQ11, dated 08/17/2018. and SOD N0JQ13, dated 12/13/2022. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
{M 424}	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident's Individual Service Plan (ISP) was reviewed at least once	{M 424}		

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

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{M 424}	Continued From page 1 every 6 months for 1 of 1 resident reviewed. Resident 3's ISP was due for review by 07/2023 and was approximately 3 months overdue. This requirement is being cited for the third time. See Statement of Deficiency (SOD), N0JQ11, dated 08/17/2018. and SOD N0JQ13, dated 12/13/2022. Findings include: On 10/03/2023, at approximately 11:50 AM, Surveyor reviewed Resident 3's record. Resident 3 was admitted on 06/17/2021, with diagnoses including major depressive disorder, diabetes, and vitamin D deficiency. Resident 3's ISP was dated 01/03/2023. Resident 3's ISP was due for review on or by 07/2023. On 10/03/2023, at 12:50 PM, Surveyor interviewed Owner A. Owner A reported s/he was aware of the requirement. Owner A reported the late ISP was due her/his attempt to schedule ISP reviews with the placing agency and guardians. Owner A reported moving forward, s/he would ensure the ISP review was timely.	{M 424}		