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
	0016415	A. BUILDING: _____ B. WING _____	R-C 07/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ORCHARD ADULT FAMILY HOME LLC	**2114 ORCHARD ST 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 07/29/2024, Surveyor conducted a verification visit and complaint investigation at Orchard Adult Family Home. As a result, the previous deficiency was corrected, and 1 new deficiency was identified. The complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 4	{M 000}		
M 430	88.07(1)(c) ACTIVITIES AND SERVICES The licensee shall plan activities and services with the residents to accommodate individual resident needs and preferences and shall provide opportunities for each resident to participate in cultural, religious, political, social and intellectual activities within the home and community. A resident may not be compelled to participate in these activities. This Rule is not met as evidenced by: Based on observation and interview, the provider did not offer opportunities for each resident to participate in activities within the home and the community for 2 of 2 residents. Resident 2 and Resident 4 did not have opportunities to participate in activities of choice within the home or the community. Findings include: On 03/28/2024, the department received a complaint alleging the provider does not provide activities or transportation.	M 430		

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

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M 430	Continued From page 1 On 07/19/2024, from 10:30 AM until 12:45 PM, Surveyor observed residents in the home. No activities were offered to any of the residents during the observation. Further observation identified there were 2 staff persons in the home during the time the Surveyor was present. There were no postings which identified any resident activities the provider would offer. On 07/19/2024, at 11:05 AM, Surveyor interviewed Resident 4. Resident 4 reported no activities are offered in the home. Resident 4 stated, "All we do is sit her eat and watch TV. We only get to do something if we get picked up." On 07/19/2024, at 11:20 AM, Surveyor interviewed Resident 2. Resident 2 stated, "I just sit here. It would be nice to do something. I heard years ago they had a wheelchair van and would take people to the zoo. I would like to go to the zoo, just to get out of here once in a while." On 07/19/2024, at 11:40 AM, Surveyor interviewed Manager B. Manager B reported Resident 2 enjoys listening to music and Resident 4 enjoys watching TV. Manager B reported Resident 2 sometimes goes for walks around the block. Manager B reported Resident 2 is difficult to take out in the community due to s/he slides down in her/his wheelchair, and it is difficult to get Resident 2 back up. Manager B reported Resident 2 does not want to do anything and Resident 4 will go out with her/his family. Manager B reported the 3 wheelchair vans were broken and needed repairs. Manager B reported s/he was unaware of what repairs needed to be made.	M 430		