STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016564	A. BUILDING: _____ B. WING _____	C 04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOTS RESIDENTIAL ADULT FAMILY HOME L	1936 FRANKLIN 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 04/04/2024, Surveyor conducted an abbreviated survey and two complaint investigations at Roots Residential Adult Family Home in Racine, WI. Three deficiencies identified. One of 3 was a repeat deficiency (see Statement of Deficiency (SOD) XWZ611, dated 09/18/2018, and SOD XWZ612, dated 05/20/2019). Two of two complaints unsubstantiated. Census: 4	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a	M 114		

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

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M 114	Continued From page 1 dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 staff members (Caregiver C) reviewed had a background check. Caregiver C did not have a background check. A complete background check consists of the following: - A completed Background Information Disclosure (BID) form. - A report of findings from the Department of Justice (DOJ). - Integrated Background Information System (IBIS) letter from the Department of Health Services (DHS). Findings include: On 04/04/2024, Surveyor reviewed Caregiver C's record. Caregiver C was hired on 07/06/2023. Caregiver C's BID was dated 01/22/2018. Caregiver C's DOJ and IBIS were dated 06/05/2018. On 04/04/2024, at 11:15 AM, Surveyor	M 114		

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M 114	Continued From page 2 interviewed Human Resources Director B regarding the DOJ and IBIS not being completed on Caregiver C's actual hire date. Human Resources Director B reported Caregiver C had worked for them previously and left and recently came back to work for them. Human Resources Director B stated s/he was aware a new background check should have been completed upon rehire on 07/06/2023.	M 114		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the Department a significant change in a resident status, which resulted in a resident requiring hospitalization for 1 of 1 resident. On 01/04/2024, Resident 1 left the facility threatening to harm him/herself. Law enforcement was contacted to assist with Resident 1. Resident 1 was admitted to the hospital. This incident was not reported to the Department. Findings include:	M 134		

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M 134	Continued From page 3 On 04/04/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 12/19/2023 with diagnoses of depression, autism, borderline personality disorder, child or adolescent antisocial disorder and Cyclothymic disorder. Resident 1's Individual Service Plan (ISP), undated, indicated Resident 1 was independent with ambulation and personal cares. On 04/04/2024 approximately 9:30 AM, Surveyor interviewed Caregiver A. Caregiver A stated Resident 1 eloped and s/he had to follow Resident 1 to the lake because Resident 1 was in the mindset of harming him/herself. Resident 1 had a piece of glass in his/her hand while threatening staff by the lake. Caregiver A contacted law enforcement and law enforcement had to detain Resident 1. Caregiver A stated Resident 1 went to the local hospital and then was transferred to a mental health institute. On 04/04/2024 at approximately 9:45 AM, Surveyor reviewed Resident 1's Behavioral Incident Report dated 01/04/2024 at 11:30 AM. The report stated the following: "-Describe the incident in detail: [Resident 1] just finished [his/her] meeting with adult protective service and started to attack staff. [Resident 1] hit multiple staff and was attempting to get kitchen utensils to harm [him/herself]. Staff continued to step in front of [him/her] so that [s/he] could not break open the cabinet. [Resident 1] then bolted out the door. Staff followed [him/her] as in a vehicle as [s/he] stated that [s/he] was going to walk to the lake and jump in. Staff gave space and alerted the police. While walking to the lake [Resident 1] picked up a piece of glass. [Resident 1] continued down the	M 134		

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M 134	Continued From page 4 hill to the lake. Staff stepped in front of [him/her] but kept enough distance to not get cut with the glass. [Resident 1] then told staff that [s/he] would murder [him/her]. Staff gave additional space between [him/herself] and [Resident 1] as [s/he] then turned the glass and attempted to cut [him/herself]. Police arrived and handcuffed [him/her] and were able to get the glass out of [his/her] hand. [Resident 1] was transported to the hospital." On 04/04/2024 at 11:15 AM, Surveyor interviewed Human Resources Director B. Human Resources Director B reported Resident 1 did not return back to the facility after law enforcement detained [him/her] and took Resident 1 to the local area hospital. Human Resources Director B reported Resident 1 was being aggressive towards hospital staff and remained suicidal. Resident 1 had been chaptered 51 and placed on a 72-hour hold. Human Resources Director B reported Resident 1 went to a mental health institute after the hospital and did not return to the facility because Resident 1 needed to have 2:1 staffing at all times and it needed to be provided by his/her case management team. Surveyor asked Human Resources Director B if s/he had self-reported this incident to the Department. Human Resources Director B stated s/he was not aware s/he had to report these types of things to the Department.	M 134		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal	M 334		

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M 334	Continued From page 5 emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure there was a smoke detector in 1 of 7 required locations. There were no smoke detectors in Resident 1's bedroom. This is a repeat deficiency. See Statement of Deficiency (SOD) XWZ611, dated 09/18/2018, and SOD XWZ612, dated 05/20/2019. Findings include: On 04/04/2024, at 9:30 AM, Surveyor toured the home and observed the following: -Resident 1's bedroom did not contain a smoke detector. On 04/04/2024 at 9:35 AM, Surveyor interviewed Caregiver A and asked if s/he could locate a smoke detector in Resident 1's room. Caregiver A stated no s/he did not see one either. On 04/04/2024, at 10:30 AM, Surveyor interviewed Human Resources Director B regarding the smoke detectors. Human	M 334		

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M 334	Continued From page 6 Resources Director B reported s/he was not sure why there was not one in Resident 1's room but would make sure one was installed immediately.	M 334		