STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018454	A. BUILDING: _____ B. WING _____	R-C 10/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEST CARE RESIDENTIAL 2	1601 W 6TH ST 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 10/20/2025, Surveyors conducted 2 complaint investigations, verification visit, and a standard survey at Best Care Residential 2. The 2 complaints were unsubstantiated. Five deficiencies were identified. Census : 4	{M 000}		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was free of hazards, insects and rodents for 4 of 4 residents. There were dead mice, cobwebs and a black substance appearing to be mold in the basement. Findings include: On 10/20/2025 at 9:00 AM, Surveyors toured the facility, and the following were observed: - Two dead mice in the basement - A black substance that appeared to be mold on multiple walls in the basement - Large areas of cobwebs in basement - Furnace filter caked in dark grey substance on the basement floor. - Mouse traps on the 1st floor. On 10/20/2025 at 11:00 AM, Surveyors	M 278		

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

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M 278	Continued From page 1 interviewed House Manager (HM) A. HM A confirmed there were areas in the house that needed to be cleaned and maintained. HM A reported it was the responsibility of the scheduled caregivers to ensure the facility was kept clean. HM A stated that the black substance could be mold.	M 278		
M 316	88.05(3)(j) BEDROOM REQUIREMENTS A resident's bedroom may not be used by anyone else to get to any other part of the home. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 3 residents' bedrooms would not be used by anyone else to get to another part of the home. Staff were required to walk through Resident 1's bedroom to get to the basement. Findings include: On 10/20/2025 at 9:10 AM, Surveyors toured the facility with House Manager (HM) A. When Surveyors requested to see the basement, they were led though a resident bedroom on the first floor. The only way to access the basement was through a door in the 1st floor resident bedroom. On 10/20/2025, at 11:00 AM, Surveyors interviewed HM A. HM A stated s/he was not aware of the regulation stating a resident's bedroom could not be used by anyone to get to another part of the house. HM A stated s/he would discuss with the licensee to come up with a solution.	M 316		

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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 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 3 of 3 fire extinguishers were inspected annually by an authorized dealer. Two fire extinguishers were last inspected in April 2024 and one in March 2021. Findings include: On 10/20/2025 at 9:00 AM, Surveyors toured the facility. Surveyors observed the fire extinguishers on the 1st and 2nd floors had tags showing they were last serviced in April 2024. The fire extinguisher in the basement had a tag showing it	M 332		

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M 332	Continued From page 3 was last serviced in March 2021. On 10/20/2025 at 11:00 AM, Surveyors interviewed House Manager (HM) A. HM A stated they were aware the extinguishers needed to be inspected annually, and they had no idea how the extinguisher in the basement was so overdue.	M 332		
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 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 smoke detectors were in 2 of 4 resident bedrooms. Resident 1's and Resident 2's bedrooms did not have a smoke detector. Findings include: On 10/20/2025 at 9:00 AM, Surveyors toured the facility. Two of 4 bedrooms (Resident 1's and	M 334		

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M 334	Continued From page 4 Resident 2's) did not have smoke detectors on the ceiling. On 10/20/2025 at 11:00 AM, Surveyors interviewed House Manager (HM) A. HM A stated s/he was not aware the smoke detectors were not present and would have them installed.	M 334		
M 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each resident's record was kept in a secure location within the for 4 of 4 residents residing in the home. Findings include: On 10/20/2025 at 9:30 AM, Surveyors requested the complete records for all 4 residents in the facility. House Manager (HM) A stated s/he would have to go and get the from the office, which was off site at another location. On 10/20/2025 at 11:00 AM, Surveyors interviewed HM A regarding the resident records. HM A stated the records were in the office, at another location, for updates to be made. HM A stated s/he knew records should be kept in the facility. HM A confirmed there was no written	M 482		

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M 482	Continued From page 5 documentation in the facility to tell caregivers what services residents required.	M 482		