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
	0016617	A. BUILDING: _____ B. WING _____	R-C 05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IVYS PLACE	**1429 OREGON STREET 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 05/04/2026, Surveyor conducted a complaint investigation and verification visit at Ivys Place. As a result, 6 deficiencies were corrected, 1 deficiency was recited, and 2 new deficiencies were 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 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:	M 424		

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

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M 424	Continued From page 1 Based on record review and interview, the provider did not ensure 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) individual service plan (ISP) were reviewed and signed every 6 months. Resident 1's, Resident 2's, Resident 3's and Resident 4's ISP did not contain signatures of agreement on ISP reviews conducted. Findings include: On 05/04/2026 at approximately 10:15 AM, Surveyors reviewed resident records and identified the following: - Resident 1 was admitted on 11/17/2021. Resident 1 had a guardian. Resident 1 had a managed care organization (MCO). Resident 1's Individual Service Plan (ISP), dated 12/15/2025, was signed by Resident 1 and Licensee A. Resident 1's ISP was not signed by Resident 1's guardian or her/his MCO. - Resident 2 was admitted on 07/01/2024. Resident 2 had a guardian. Resident 2 had an MCO. Resident 2's ISP, dated 04/26/2026, was signed by Resident 2 and Licensee A. Resident 2's ISP was not signed by Resident 2's guardian or her/his MCO. - Resident 3 was admitted on 10/21/2022. Resident 3 had an MCO. Resident 3's ISP, dated 04/22/2026, was signed by Resident 3 and Licensee A. Resident 3's ISP was not signed by Resident 3's guardian or her/his MCO. - Resident 4 was admitted on 05/14/2021. Resident 4 was her/his own person. Resident 4 had an MCO. Resident 4's ISP, dated 11/14/2025 was signed by Licensee A. Resident 4's ISP was	M 424		

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M 424	Continued From page 2 not signed by Resident 4 or her/his MCO. On 05/04/2026, at 11:55 AM, Surveyor interviewed Licensee A. Licensee A reported all parties attended the ISP reviews. Licensee A reported s/he would ensure the ISPs were signed by all parties to ensure compliance.	M 424		
{M 458}	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure prescription medications were securely stored in the common refrigerator for 2 of 2 residents. Resident 2's and Resident 3's insulin pens were unsecured in a common refrigerator. This is a repeat deficiency. See Statement of Deficiency (SOD) TRSZ11, dated 11/08/2024. Findings include: On 05/04/2026, at 10:55 AM, Surveyor toured the	{M 458}		

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{M 458}	Continued From page 3 kitchen. Inside the common refrigerator there were 3 boxes of Resident 2's Lantus insulin. Surveyor observed a red zipper bag, with a locking mechanism in the door of the refrigerator. The locking mechanism was not secured. The bag contained Resident 3's name. The bag contained 2 Lantus insulin pens. Surveyor observed residents moving freely around the facility. On 05/04/2026, at 11:55 AM, Surveyor interviewed Licensee A and Caregiver B. Licensee A confirmed the code requirement. Licensee A went to the refrigerator to show Surveyor they were compliant. Licensee A confirmed the insulin was not securely stored and reported s/he would fix it. Licensee A reported they had ordered additional locking bags for additional secured storage. Caregiver B reported s/he had not seen the additional locking bags arrive.	{M 458}		
M 510	88.09(1)(d)11 RESIDENT FUNDS Records maintained by the licensee of the resident's finances, including written authorization from the resident of resident's guardian to control the resident's funds. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure a record of funds was maintained for 3 of 3 residents (Resident 1, Resident 2, and Resident 3) for whom the provider managed finances. The provider assisted Resident 1, Resident 2, and Resident 3 with their financial management, but did not keep	M 510		

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M 510	Continued From page 4 an accurate record of funds. Findings include: On 04/14/2026, the Department received a complaint alleging concerns with resident funds. On 05/04/2026 at approximately 10:15 AM, Surveyors reviewed resident records and identified the following: - Resident 1 was admitted on 11/17/2021. Resident 1's Individual Service Plan (ISP), dated 12/15/2025, indicated Resident 1 required assistance with money management. - Resident 2 was admitted on 07/01/2024. Resident 2's ISP, dated 04/26/2026, indicated Resident 2 required assistance with money management. - Resident 3 was admitted on 10/21/2022. Resident 3's ISP, dated 04/22/2026, indicated Resident 3 required assistance with money management. Surveyor requested ledgers for Resident 1, Resident 2 and Resident 3 for January 2026, February 2026, March 2026, and April 2026. Caregiver B gave Surveyor March 2026 and April 2026. - Resident 1's ledger 03/09/2026 check added $195.00 Balance $195.00 03/15/2026 spent $80.00 Balance $115.00 03/22/2026 spent $65.00 Balance $50.00 04/08/2026 check added $195.00 Balance $195.00	M 510		

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M 510	Continued From page 5 04/10/2026 spent $40.00 Balance $145 04/21/2026 spent $60.00 Balance $75.00 Resident 1's ledger indicated Resident 1 should have $145.00 inside her/his money bag. Resident 1's money bag contained $27.66. - Resident 2's ledger 03/09/2026 check added $200.00 Balance $200.00 03/15/2026 spent $55.00 Balance $145.00 03/22/2026 spent $62.20 Balance $82.80 04/08/2026 check added $200.00 Balance $200.00 04/10/2026 spent $70.00 Balance $130.00 Resident 2's ledger indicated Resident 2 should have $212.80 inside her/his money bag. Resident 2's money bag contained $17.01. Resident 3's ledger 03/09/2026 check added $100.00 Balance $100.00 03/15/2026 spent 68.00 Balance $32.00 03/22/2026 spent $31.52 Balance $0.48 04/08/2026 check added $ 100.00 Balance $100.00 04/10/2026 spent $62.00 Balance $38.00 Resident 3's ledger indicated Resident 3 should have $38.80 inside her/his money bag. Resident 3's money bag contained $8.80. On 05/04/2026, at 11:55 AM, Surveyor interviewed Licensee A and Caregiver B. Caregiver B reported s/he was unable to find January 2026 and February 2026 ledgers. Caregiver B reported they kept all receipts for	M 510		

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M 510	Continued From page 6 purchases. Licensee A acknowledged Surveyor's concerns regarding accurate ledgers to ensure resident money was accurately accounted for. Licensee A reported s/he would develop a better system and ensure all receipts were listed on the ledgers and receipts were readily available.	M 510		