| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0013619 | A. BUILDING: _____ B. WING _____ | C 02/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| A LOVING CARE GROUP HOMES LLC | 2710 WESTLAWN 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<br><br>From 01/31/2025 to 02/04/2025, Surveyor conducted a standard survey and complaint investigation at A Loving Care Group Homes LLC, an AFH in Racine.<br><br>Two deficiencies were identified.<br><br>The complaint was unsubstantiated.<br><br>Census: 4 | M 000 | | |
| M 424 | 88.06(3)(f) REVIEW OF ISP<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed had their individual service plan (ISP) reviewed at least once every 6 months by the licensee, | M 424 | | |

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

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| M 424 | Continued From page 1 | M 424 | | |

resident or resident's legal representative and the placing agency. Resident 1's ISP should have been reviewed by July 2024. Resident 2's ISP should have been reviewed by September 2024.

Findings include:

On 01/31/2025 at approximately 10:10 a.m., Surveyor reviewed resident records and identified the following concerns:

- Resident 1 was admitted to the provider's home on 07/30/2020. Resident 1 had an activated Health Care Power of Attorney and was enrolled in a managed care organization. Resident 1's ISP was dated 01/17/2024 and did not include signatures indicating Resident 1's legal representative and placing agency had participated in a review of the ISP.
- Resident 2 was admitted to the provider's home on 03/04/2024. Resident 2 had a legal guardian and was enrolled in a managed care organization. Resident 2's ISP was dated 03/04/2024 and did not include signatures indicating Resident 2's legal representative and placing agency had participated in a review of the ISP.

On 01/31/2025 at approximately 11:30 a.m., Surveyor reviewed concern with Manager A that Resident 1's and Resident 2's ISPs had not been updated in 6 months and did not indicate they had been reviewed by the residents' legal representatives and placing agencies. Manager A stated s/he would need to check his/her records for updated ISPs. Manager A was given until the end of the day to provide follow up records.

On 02/03/2025 at approximately 11:15 a.m., Surveyor received emails from Manager A indicating s/he sent Resident 1's and Resident 2's

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| M 424 | Continued From page 2<br>ISPs to their involved parties for review. Licensee A did not provide Surveyor with additional ISPs for review. | M 424 | | |
| M 474 | 88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY<br><br>Food shall be prepared and stored in a sanitary manner.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure food was stored in a sanitary manner. This had the potential to affect 4 of 4 residents in the facility.<br><br>Findings include:<br><br>On 01/31/2025 at approximately 8:30 a.m., Surveyor toured the provider's home. Surveyor observed the following concerns with food storage:<br><br>- A package of sausage was open to air in the freezer, causing freezer burn.<br>- A half-consumed pan of cheesecake was open and not dated.<br>- An open can of cranberry topping had the lid resting on top and was not securely stored or dated with the open date.<br>- A package of bologna was open without a date.<br>- A package of turkey breast lunch meat was open without a date.<br><br>"Date marking is a way to control the growth of a bacteria called Listeria, which grows under | M 474 | | |

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| M 474 | Continued From page 3<br>refrigeration and is the third leading cause of death from foodborne illness in the United States." (Source: Wisconsin Food Code Fact Sheet, Date Marking of Ready-to-Eat Time-Temperature Control for Safety Foods, April 2022)<br><br>On 01/31/2025 at approximately 11:30 a.m., Surveyor reviewed food storage concerns with Manager A. Manager A nodded his/her head in agreement with Surveyor's concern and documented the concern. | M 474 | | |