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 _____	R-C 12/01/2025

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 On 12/01/2025, Surveyor conducted a verification visit and complaint investigation at A Loving Care Group Home LLC. As a result, 1 of the previous deficiencies was corrected, 1 was recited, and 1 new deficiency was identified; therefore, a total of 2 deficiencies were issued. The complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 4	{M 000}		
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 1 of 1 resident's (Resident 3) prescription medications were securely stored. Resident 3's insulin pens were not securely stored in the kitchen refrigerator. This is a repeat deficiency. See Statement of Deficiency (SOD) MXCK12, dated 09/16/2021.	M 458		

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

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M 458	Continued From page 1 Findings include: On 12/01/2025, at 11:10 AM, Surveyor toured the kitchen. Surveyor observed the common refrigerator. Inside the door of the refrigerator were the following: 3 Lantus SoloStar insulin pens for Resident 3 Latanoprost eye drops for Resident 3 3 Humalog Kwikpen for Resident 3 The insulin pens were unsecured stored in the door of the refrigerator. Surveyor observed residents moving freely around the facility. On 12/01/2025, at 11:15 AM, Surveyor interviewed Caregiver C. Caregiver C reported they had a lock box in the medication closet, but s/he did not know where the key for the lock box was. On 12/01/2025, at 11:30 AM, Surveyor interviewed Manager B. Manager B confirmed the code requirement. Manager B reported s/he would order a new lock box immediately to ensure compliance with the code.	M 458		
{M 474}	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider	{M 474}		

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{M 474}	Continued From page 2	{M 474}		

did not ensure food was stored in a sanitary manner. This had the potential to affect 4 of 4 residents in the facility.

This is a repeat deficiency. See Statement of Deficiency (SOD) VNLJ11, dated 02/04/2025.

Findings include:

On 10/15/2025, the Department received a complaint with concerns regarding food in the home.

On 12/01/2025 at 11:10 AM, Surveyor toured the kitchen. Surveyor observed the following concerns with food storage:

- The right crisper drawer at the bottom of the fridge contained 2 bags of carrots, limes and a head of lettuce. The drawer contained a pinkish liquid in the bottom, similar to the color of poultry drippings.
- A half-consumed pan of cornbread was in the fridge with no cover over, undated.
- A plastic container which contained what appeared to be cooked leafy vegetable, similar to cabbage, carrots and a brown meat chunk. The container did not contain a top and was undated.
- A package of bologna was open without a date.
- A plastic bag contained a green stringy substance, similar to cooked spinach, with a brown chunk similar to a piece of meat. The bag was undated.

"Date marking is a way to control the growth of a bacteria called Listeria, which grows under 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

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{M 474}	Continued From page 3 Time-Temperature Control for Safety Foods, April 2022) On 12/01/2025, at 11:20 AM, Surveyor interviewed Caregiver C. Caregiver C reported s/he was unsure exactly when the food was opened or prepared. On 12/01/2025 at approximately 11:50 AM, Surveyor interviewed Manager B. Manager B confirmed the food should be stored properly to ensure safe food practices. Manager B reported s/he just came back with employment with the provider and would work on ensuring staff were storing and labeling food properly.	{M 474}		