STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016423	A. BUILDING: _____ B. WING _____	C 07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOVE N COMFORT GROUP HOME	1001 CENTER 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 07/03/2025, Surveyor completed a standard survey and 1 complaint investigation at Love N Comfort Group Home . As a result, 3 deficiencies were identified. One complaint was substantiated. Census: 4	M 000		
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 ensure all incidents requiring Department notification were reported to the Department for 1 of 1 Residents. On 05/28/2025, Resident 1 eloped from the facility and staff did not know Resident 1's whereabouts. The provider did not notify the Department. Findings include: On 06/25/2025, the Department received a complaint alleging a resident eloped from the facility on 05/28/2024. Facility staff was not aware of resident's elopement. The resident was returned to the facility by the Racine Police	M 134		

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

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M 134	Continued From page 1 Department. On 07/03/2025, at approximately 10:15 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 05/20/2025, with the following diagnoses: intellectual disabilities, autism spectrum disorder, cerebral palsy, oppositional defiant disorder, depression disruptive mood dysregulation and asthma. Resident 1 had a guardian and a case manager with a managed care organization. On 07/03/2025, Surveyor reviewed department records and identified there was not a self-report submitted by the provider related to Resident 1's elopement. On 07/03/2025, at approximately 12:20 PM, Surveyor interviewed Resident 2. Resident 2 reported s/he had been assisting Resident 1 with personal cares on 05/28/2025. Resident 2 reported s/he went into the kitchen to make Resident 1 a sandwich and told Resident 1 s/he could sit outside on the porch until Resident 1's transportation vehicle came. Resident 2 reported when s/he returned with the sandwich Resident 1 was not on the porch. Resident 2 reported s/he assumed Resident 1 got on his/her transportation vehicle. On 07/15/2025, at approximately 12:30 PM, Surveyor interviewed Caregiver D. Caregiver D reported s/he assisted Resident 1 with all his/her cares on 05/28/2024. Caregiver D reported s/he went into the kitchen to make Resident 1 a sandwich. Caregiver D reported upon returning from making the sandwich s/he did not see Resident 1 and assumed Resident 1 got on the transportation vehicle. Caregiver D reported s/he did not know Resident 1 eloped unit s/he received	M 134		

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M 134	Continued From page 2 a call from the Racine Police Department. Caregiver D reported Resident 1 was returned to the facility by the Racine Police Department. Caregiver D reported Resident 1 was gone approximately 30 to 45 minutes and was found approximately half a mile from the facility at a gas station by a former employee. On 07/16/2025, at approximately 3:00 PM, Surveyor reviewed the Racine Police Department computer aided dispatch report with a time stamp of 9:22 AM and 10:56 AM dated 05/28/2025. The police report regarding Resident 1's elopement was not available. On 07/16/2025, at approximately 3:15 PM, Surveyor reviewed an email sent from Case Manager E (CM E). CM E reported s/he was made aware of Resident 1's elopement. CM E confirmed Resident 1 was not appropriate for 1:1 services and requested the facility to follow the behavior support plan to ensure Resident 1's basic needs were met. CM E reported the team agreed to look for another provider with a smaller setting to ensure for the safety of Resident 1. CM E reported the guardian was not in agreement with finding another provider. On 07/30/2025, at approximately 1:15 PM, Surveyor interviewed Licensee A. Licensee A confirmed s/he did not report Resident 1's elopement to the Department. Licensee A reported s/he was not aware of the requirement to notify the Department. Surveyor provided information to Licensee A regarding the department Publication-02007 Reporting Requirements for Assisted Living Facilities.	M 134		

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M 246	Continued From page 3	M 246		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each caregiver completed 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights, and treatment of residents for 1 of 1 employee who required annual training. Caregiver B did not receive annual training in 2023 and 2024. Findings include: On 07/03/2025, at approximately 10:15 AM, Surveyor reviewed staff records for Caregiver B. Caregiver B was hired on 05/22/2022. Caregiver B's record did not include evidence of continuing education training in 2023 and 2024. On 07/03/2025, at approximately 11:50 AM, Surveyor interviewed Licensee A. Licensee A reported s/he was aware of the annual training requirement for the staff. Licensee A reported s/he was looking for someone to conduct the annual trainings for staff.	M 246		

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M 436	Continued From page 4	M 436		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure services identified in each resident's Individual Service Plan (ISP) was provided for 1 of 1 resident who required assistance with activities of daily living (showering and toileting). Caregiver D was not comfortable with providing personal cares for Resident 1. Resident 1's roommate assisted with personal cares for approximately 1 week before an intervention was put in place to ensure Resident 1 received assistance with showering and toileting. Findings include: On 06/25/2025, the Department received a complaint alleging the only caregiver on duty was not alert and did not provide services required to meet residents' needs. On 07/03/2025, at approximately 10:15 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 05/20/2025, with the following diagnoses: intellectual disabilities, autism spectrum disorder, cerebral palsy, oppositional defiant disorder, depression disruptive mood dysregulation and asthma.	M 436		

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M 436	Continued From page 5 Resident 1's ISP dated 05/20/2025, identified Resident 1 required assistance with toileting due to cognitive impairment and inability to focus related to intellectual disability and autism. Resident 1 required assistance with prompts to effectively clean after a bowel movement. Resident 1 required assistance with showering 2 times a day to prevent urinary tract infections. On 07/03/2025, at approximately 12:00 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was aware of Caregiver D being uncomfortable with providing cares for Resident 1. Surveyor asked License A what interventions were put in place to assist Resident 1 due to Caregiver D being uncomfortable with Resident 1's personal cares. Licensee A reported s/he asked another staff member to come in early on 1st shift to assist Resident 1 with his/her personal cares. Licensee A reported Resident 2 assisted Resident 1 for 2 days before another staff member was asked to assist Resident 2 with personal cares. On 07/03/2025, at approximately 12:20 PM, Surveyor interviewed Resident 2. Resident 2 reported s/he was Resident 1's roommate. Resident 2 reported s/he helped Resident 1 with getting ready for the day at 5:30 AM for approximately 1 week. Resident 2 reported s/he assisted Resident 1 with showering and getting on the school. Resident 2 reported Caregiver D stated s/he was uncomfortable with assisting Resident 1 with personal cares. On 07/15/2025, at approximately 12:20 PM, Surveyor interviewed Caregiver D. Caregiver D reported s/he always assisted Resident 1 with cares and denied being uncomfortable with assisting Resident 1. Caregiver D reported s/he	M 436		

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M 436	Continued From page 6 worked 3rd shift at the facility. Caregiver D reported Resident 1 never asked him/her for help during 3rd shift. Caregiver D reported Resident 1 gets up to use the toilet at night but does not ask for assistance. Surveyor asked Caregiver D if s/he read the Individual Service Plan (ISP) for Resident 1. Caregiver D reported s/he had access to Resident 1's ISP and was aware of Resident 1's care requirements. Caregiver D reported s/he would assist Resident 1 if s/he asked for help.	M 436		