STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014287	A. BUILDING: _____ B. WING _____	R-C 04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A LOVING CARE GROUP HOMES II LLC	1341 VIRGINIA 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 04/11/2024, Surveyor concluded a verification visit, a standard survey, and a complaint investigation at A Loving Care Group Home II LLC. Two deficiencies were identified. One of 2 deficiencies was a repeat deficiency (see Statement of Deficiency (SOD) XG6111, dated 09/29/2022). One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these	M 114		

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

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M 114	Continued From page 1 persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure 2 of 3 staff had criminal background checks completed upon hire (Caregiver D and Caregiver E). A completed background check includes a Department of Justice (DOJ) report, an Integrated Background Information System (IBIS) letter from the department, and a Background Information Disclosure (BID) form. Findings include: On 04/05/2024, at 11:15 a.m., Surveyor reviewed the following staff files: Caregiver D's date of hire was 02/21/2024. The file did not contain evidence of a signed BID form. Caregiver E's date of hire was 03/07/2024. The file did not contain evidence of a signed BID form.	M 114		

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M 114	Continued From page 2 On 04/05/2024, at 2:30 p.m., Surveyor reviewed findings with Manager A. Manager A reported Administrator B was new to his/her position and must have missed the BIDs. Manager A stated s/he would discuss the background check process with Administrator B.	M 114		
{M 276}	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not maintain a safe, clean, and well-maintained homelike environment for 3 of 3 residents in the home. The flooring in the kitchen was peeling around the seams. There were patched holes in the drywall in the dining room and living room, appearing to be unfinished. The dining room vent was missing a cover. There were black scuff marks along the walls in the hallway, and missing trim around resident bedroom doors. This deficiency is being cited for a second time. See Statement of Deficiency (SOD) XG6111, dated 09/29/2022. Findings include: On 04/05/2024, at 9:30 a.m., Surveyor toured the facility and observed the following:	{M 276}		

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{M 276}	Continued From page 3 Dining Room -On the east wall, there was patched drywall next to an outlet. The patched drywall measured approximately 8 inches long and 5 and a half inches high. The patched drywall was not sanded or painted. It appeared unfinished. -On the east wall, the vent cover was missing. -The vertical blinds covering the back patio door were missing three blinds. Behind the vertical blinds, a white bedsheet was tacked up to the wall, with four pushpins. -On the west wall, between the kitchen and Resident 1's bedroom door, there were 2 patched areas of drywall. The first patched area measured approximately 8 inches long, the second patched area, underneath the first hole, measured approximately 6 inches long. The patched drywall was not sanded or painted. It appeared unfinished. Kitchen -The small drawer, next to the stove, was missing the face of the drawer. During survey, Administrator B attempted to fit face of drawer back onto two nails sticking out from the drawer. At 1:55 p.m., Administrator B stated, "I'll need maintenance to fix this." -The flooring in the kitchen was peeling around the seams. -The wall, east of refrigerator, behind a two seated table, had black scuff marks measuring approximately 8 inches long. The black scuff	{M 276}		

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{M 276}	Continued From page 4 marks were prominently focused behind the chair. The black scuff marks were consistent with the approximate size of a where the chair would scrape against the wall. Living Room -On the west wall, between the front door and below the window, was patched on the drywall. It measured approximately 12 inches long by 4 and a half inches high. The patched drywall was not sanded or painted. It appeared unfinished. -The front door was discolored and splattered brown, which resembled rust. -The front living room window had a large middle window with blinds and two long side windows with blinds. Both side window blinds had 2-4 broken blind-slats that were taped together with blue masking tape. Hallway -The hallway had a large wooden board, which was nailed to the wall. The board was painted white and covered approximately half of the wall from floor to ceiling. There were black scuff marks along the length of the hallway. The black scuff marks were prominently focused on the bottom and the middle of the board. The black scuff marks were consistent with the approximate size of a wheelchair scraping against the wall. There were also areas within the black scuff marks where the paint had been scraped off. -The vent in the hallway was covered in a reddish-brown substance, consistent with rust. Resident 2's Bedroom	{M 276}		

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{M 276}	Continued From page 5 -There were missing trim pieces around the doorframe. Resident 3's Bedroom -There were missing trim pieces around the doorframe. -One of two sliding closet doors were off track and had fallen into the closet. Resident 4's Bedroom -One of two sliding closet doors were off track and had fallen into the closet. -One of two sliding closet doors had a hole in the door approximately 10 inches long and 4 inches tall. The hole height was consistent with the approximate height of a wheelchair foot pedal against the wall. On 04/05/2024, at 9:30 a.m., Surveyor interviewed Caregiver D who stated, "[Licensee C] said the caregivers use too much water on the kitchen floor. That's why it's peeling up from the corners all over the place." On 04/05/2024, at 2:16 p.m., Surveyor interviewed Licensee C and Manager A. Licensee C confirmed s/he was aware of the condition of the home. Manager A stated, "Resident 4 has a bariatric wheelchair that scrapes the hallway walls. What are we supposed to do?" Licensee A stated, "The caregivers keep breaking the blinds in the dining room and in the living room. I have fixed the vertical blinds in the dining room three times now. We'll have to figure out something different. We will have that fixed." When Surveyor	{M 276}		

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{M 276}	Continued From page 6 inquired why the floor had not been repaired, Manager A Licensee A stated, "The flooring is scheduled for next week. We worked hard to get a lot of things done."	{M 276}		