STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014832	A. BUILDING: _____ B. WING _____	07/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE HARBOUR HOMES II LLC	3219 BARBARA DRIVE RACINE, WI 53404

(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 07-16-2025, Surveyors completed a standard survey at Safe Harbour Homes II. As a result, 9 deficiencies were identified. Census: 4	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation indicating 2 of 3 staff (Caregiver C and Caregiver D) been screened for communicable diseases, including tuberculosis (TB), by a physician, a registered nurse or a physician's assistant, within 90 days before the start of providing service. Caregiver C and Caregiver D were not screened for TB prior to providing cares. Findings include: On 07/07/2025, at 9:56 AM, Surveyors reviewed employee records and identified the following:	M 232		

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

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M 232	Continued From page 1 Caregiver C was hired on 02/03/2022. Caregiver C's record contained a TB screening, dated 02/10/2022, 7 days after her/his start of providing service. Caregiver C was not screened for TB within 90 days before the start of providing service. Caregiver D was hired on 09/26/2024. Caregiver D's record contained a TB screening, dated 10/08/2024, 12 days after her/his start of providing service. Caregiver D was not screened for TB within 90 days before the start of providing service. On 07/07/2025, at 1:00 PM, Surveyors interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he believed the TB screening for Caregiver C and Caregiver D were completed before the start of providing service at the facility.	M 232		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission.	M 380		

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M 380	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident admitted to the facility was screened for communicable disease, including tuberculosis (TB), within 90 days prior to placement or within 7 days after admission for 1 of 2 residents (Resident 1). Resident 1's file did not contain evidence of a completed communicable disease screening. Findings include: On 07/07/2025, at 10:26 AM, Surveyors reviewed Resident 1's record. Resident 1 was admitted to the facility on 01/30/2024 with diagnoses including down syndrome and developmental disability. Resident 1 had a TB test completed on 02/14/2024, 15 days after admission. Surveyors did not review any evidence of a completed screening for communicable disease, including TB, within 90 days prior to placement or within 7 days after admission in Resident 1's record. On 07/07/2025, at 1:00 PM, Surveyors interviewed Licensee A and Administrator B. Licensee A reported s/he was aware of the code requirement. Licensee A reported Resident 1 was a special case and was an emergency admit to the facility. Administrator B reported Resident 1 was seen by a physician on 03/11/2024. Administrator B acknowledged the admission health exam met the code requirement for communicable disease screening. Administrator B acknowledged the admission health exam was late. Surveyors reiterated code requirements to Licensee A and Administrator B. Licensee A and Administrator B acknowledged Surveyors concerns related to communicable disease and TB screening for residents.	M 380		

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M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written assessment, and an individual service plan (ISP) were developed for 1 of 2 residents (Resident 1) within 30 days after placement. Resident 1's file did not contain a written assessment, or an ISP completed within 30 days. Findings include: On 07/07/2025, at 10:26 AM, Surveyors reviewed Resident 1's record. Resident 1 was admitted to the facility on 01/30/2024, with diagnoses including down syndrome and developmental disability. Resident 1 has a legal guardian. Resident 1's record contained an ISP dated 04/11/2024, 72 days after admission On 07/07/2025, at 1:00 PM, Surveyors interviewed Licensee A and Administrator B. Administrator B reported s/he started Resident 1's ISP on 04/11/2024 and finished the ISP on 04/12/2024. Administrator B did not offer further information regarding why Resident 1's ISP was not completed with 30 days of admission.	M 404		

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M 420	Continued From page 4	M 420		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a statement of agreement with the Individual Service Plan (ISP) was dated and signed by all persons involved in developing the plan for 2 of 2 residents (Resident 1 and Resident 2). Findings include: On 07/07/2025, at 10:26 AM, Surveyors reviewed resident records and identified the following: - Resident 1 was admitted to the facility on 01/30/2024 with diagnoses including down syndrome and developmental disability. Resident 1's admission paperwork identified Resident 1 had a managed care organization (MCO) case management team. Resident 1's admission paperwork identified Resident 1 had a guardian. Resident 1's ISP did not contain a guardian signature or MCO case management team signatures. - Resident 2 was admitted to the facility on 12/17/2019 with diagnoses including dementia, chronic kidney disease, chronic obstructive pulmonary disorder (COPD). Resident 2's admission paperwork identified Resident 2 had a managed care organization (MCO) case management team. Resident 2's admission	M 420		

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M 420	Continued From page 5 paperwork identified Resident 2 had a guardian. Resident 2's ISP did not contain a guardian signature or MCO case management team signatures. On 07/07/2025, at 1:00 PM, Surveyors interviewed Licensee A and Administrator B. Administrator B reported s/he was unaware resident's ISP needed to be signed by all parties in agreement with the plan. Licensee A reported s/he signed the residents' care plans provided by the residents' MCOs. Licensee A reported s/he believed a signed MCO care plan met the code requirement. Licensee A reported s/he would ensure resident care plans would be signed by all parties in agreement with the plan.	M 420		
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 medications were destroyed when expired for 3 of 4 residents (Resident 1, Resident 2, and Resident 3). Resident 1's, Resident 2's,	M 458		

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M 458	Continued From page 6 and Resident 3's medication bins contained expired medications. Findings include: On 07/07/2025, at 9:30 AM, Surveyors toured the facility and observed the following in the medication closet: - Resident 1' s medication bin contained the following expired medication: acetaminophen 160 milligram (MG)/ 5 milliliters (ML), expiration date 01/30/2025. - Resident 2's medication bin contained the following expired medications: Senna tab, quantity 30, expiration date 05/22/2025. Refresh liquigel drops, expiration date 04/04/2024. Refresh liquigel drops, expiration date 05/18/2025. - Resident 3's medication bin contained the following expired medication: fluticasone propionate nasal spray, expiration date 06/16/2025. On 07/07/2025, at 1:00 PM, Surveyors interviewed Licensee A and Administrator B. When Surveyor inquired about the expired medications, Administrator B reported expired medications were to be taken out of the bins weekly by Licensed Practical Nurse (LPN) E. Administrator B reported s/he would ensure the expired medications were disposed of by LPN E immediately in the future.	M 458		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service	M 464		

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M 464	Continued From page 7	M 464		

provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not obtain a written order from the physician who prescribed medications to the resident, stating who can administer the medications for 1 of 2 residents. Resident 1's record contained a written order to administer medications 310 days after admission.

Findings include:

On 07/07/2025, at 10:26 AM, Surveyors reviewed Resident 1's record. Resident 1 was admitted to the facility on 01/30/2024 with diagnoses including down syndrome and developmental disability. Resident 1's record contained a medication administration record (MAR) dated 01/30/2024 - 02/26/2024, which identified staff administered medications to Resident 1. Resident 1's record contained a written order from a physician for staff to administer medications dated 12/05/2024, 310 days after Resident 1 was admitted to the facility.

On 07/07/2025, at 1:00 PM, Surveyors interviewed Licensee A and Administrator B.

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M 464	Continued From page 8 Licensee A confirmed Resident 1 needed staff assistance for medication administration. Licensee A reported each resident file had a document which stated who can administer physician prescribed medications at the facility. Licensee A reported s/he was unaware why Resident 1's written order from a physician was not obtained until 12/04/2024.	M 464		
M 550	88.10(3)(b) Privacy Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's guardian except when there is reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each resident had privacy in living arrangements with potential for affecting 4 of 4 residents. There were electronic video and audio monitoring cameras mounted outside above a common area used by residents. Findings include: On 07/07/2025, at 9:30 AM, Surveyors toured the	M 550		

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M 550	Continued From page 9 facility and observed the following: Outside Camera - The camera located on the southeast corner of the house. The camera was pointed towards the deck. Surveyors observed Administrator B's cellphone. The view of the camera displayed on Administrator B's cellphone showed table with chairs and approximately 75% of the deck. On 07/07/2025, at 1:00 PM, Surveyors interviewed Licensee A and Administrator B. Licensee A reported s/he used the cameras for safety. Licensee A reported the cameras were installed after an incident which involved a caregiver and her/his significant other. Surveyors relayed concerns regarding resident privacy. Licensee A reported s/he did not believe the deck was a common area. Licensee A reported s/he understood Surveyors' concerns but did not agree with them.	M 550		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability.	M 570		

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M 570	Continued From page 10	M 570		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure a safe physical environment by ensuring water temperatures were kept at a safe temperature for 1 of 2 bathrooms. The hot water temperature in the resident bathroom was 124.3° Fahrenheit (F).

Findings include:

The home is licensed to provide care for up to 4 individuals who may be advanced aged, irreversible dementia/Alzheimer's, and physically disabled.

On 07/07/2025, at 9:30 AM, Surveyors tested the water temperature in bathroom 1's sink faucet. The water temperature was 124.3°F.

"Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g. second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017)

On 07/07/2025, at 1:00 PM, Surveyors interviewed Licensee A and Administrator B.

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M 570	Continued From page 11 Licensee A confirmed the water temperature should not exceed 115°F. Administrator B reported the water temperature was tested regularly by Licensed Practical Nurse (LPN) E. Licensee A reported s/he would turn down the water heater temperature and retrain LPN E to check water temperature properly.	M 570		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 1 of 1 resident received prescribed medications in the dosage and at the intervals prescribed by the resident's physician. Resident 1 did not receive the prescribed levetiracetam between 02/19/2024 and 02/28/2024. Findings include: On 07/07/2025, at 10:26 AM, Surveyors reviewed Resident 1's record. Resident 1 was admitted to the facility on 01/30/2024 with diagnoses including down syndrome and developmental disability. Resident 1's record contained a	M 582		

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M 582	Continued From page 12	M 582		

medication administration record (MAR) for 01/30/2024 - 02/29/2024. Resident 1's MAR indicated Resident 1 was prescribed levetiracetam 5 milliliters (ML) 8:00 AM and 8:00 PM. Resident 1's MAR reported the following:

- 02/19/2024 at 8:00 PM "OTH" (other)
- 02/20/2024 at 8:00 PM "OTH" (other)
- 02/21/2024 at 8:00 AM "REF" (refused)
- 02/21/2024 8:00 PM through 02/28/2024 8:00 PM, MAR was grayed out

Surveyors reviewed after visit summary (AVS) dated 02/29/2024. The AVS indicated Resident 1 was seen for seizure, fall, and abrasion of the scalp. AVS history of present illness stated ".....Group home had informed [emergency medical services] (EMS) that approximately a month or so ago patient also had seizure-like activity at that time [s/he] was started on Keppra, completed a month of antiepileptics but has not had them over the last several days as they ran out..."

Emergency Department (ED) triage notes:

- at 6:07 AM, "...[patient] (pt) was taking Keppra in the past but has currently not been taking it..."

- at 6:20 AM, "Group home employee at bedside. [S/he] states that pt was supposed to have neurology appointment last week but was not able to go to the appointment."

On 07/07/2025, at 1:00 PM, Surveyors interviewed Licensee A and Administrator B. Administrator B reported Resident 1's levetiracetam order was discontinued on or around 02/21/2024. Surveyors inquired if Licensee A or Administrator B had the physician

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M 582	Continued From page 13 order to discontinue the order. Administrator B reported s/he would contact the pharmacy to obtain the order and email it to Surveyors. On 07/16/2025 at 4:35 PM, Surveyors interviewed Administrator B. Administrator B reported Resident 1's levetiracetam ran out and was not discontinued. Administrator B reported Resident 1 missed her/his doctor appointment due to behaviors at her/his prior visit. Administrator B reported Resident 1's levetiracetam was restarted after her/his ED visit on 2/29/2024.	M 582		