STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017982	A. BUILDING: _____ B. WING _____	R-C 04/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD LIFE AT HOME	**2301 WILLIAM STREET 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 04/21/2025, Surveyor completed a verification visit and complaint investigation. As a result, 3 of the previous deficiencies were correct, and 2 new deficiencies were identified. The complaint was unsubstantiated. Census: 3	{M 000}		
M 204	88.03(8)(a) MONITORING OF HOME The licensee shall comply with all department and licensing agency request for information about residents, services or operation of the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not comply with Department requests for information during the survey process. Findings include: On 04/16/2025, at 10:45 AM, Surveyor spoke with Executive Director J over the phone while at the facility. Surveyor requested a resident roster, staff roster, and fire drills. On 04/17/2025 at 11:24 AM, Surveyor emailed Executive Director J requesting the resident roster, staff roster and fire drills. On 04/17/2025 at 1:39 PM, Executive Director J reported the staff roster was on the second page of the schedules. Executive Director J inquired what names of which residents did Surveyor require, and s/he would ask a supervisor to send	M 204		

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

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M 204	Continued From page 1 over fire drills. On 04/17/2025, at 2:36 PM, Surveyor emailed Executive Director J, Regional Manager I and Licensee A requesting staff rosters needed to include names, dates of hire and position/title. Surveyor requested all management staff on the roster. Surveyor requested current resident names, dates of admission and funding source. Surveyor relayed the requested information was requested yesterday while on the phone with Executive Director J and the information was to be sent to Surveyor in an hour. On 04/17/2025, at 3:00 PM, Executive Director J emailed Surveyor and reported s/he was unaware of the request for further information by Surveyor and s/he would "send the items as soon as I can." As of 04/21/2025, at 11:00 AM, Surveyor did not receive the requested records which was a staff roster, a resident roster and fire drills.	M 204		
M 424	88.06(3)(f) REVIEW OF ISP 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	M 424		

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M 424	Continued From page 2 the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a resident's individual service plan (ISP) was reviewed when there was a change for 1 of 1 resident (Resident 6). Resident 6 suffered a fracture after a fall and her/his ISP was not reviewed and updated to reflect the change. This is a repeat deficiency. See Statement of Deficiency (SOD) 0NUY11, dated 11/02/2021. Findings include: On 04/16/2025, at 10:15 AM, Surveyor reviewed Resident 6's record. Resident 6 was admitted on 07/30/2024 with diagnoses including autism, mood disorder and intellectual disability. An incident report, dated 11/26/2024, indicated president 6 was sitting in the common area with staff who requested mini-Oreos and orange soda. Staff offered Resident 6 a favorite fruit instead. Resident 6 became agitated and made threatening statements including fecal smearing. Resident 6 use the restroom and proceeded to fecal smear on herself/himself and the bathroom walls. Resident 6 was offered a as needed medication and verbal redirection. After about 15 minutes, Resident 6 began to calm down and return to baseline. Staff assisted Resident 6 into the shower to clean her/him up. After the shower Resident 6 became agitated again and ran out of the bathroom. Resident 6 made it 2 steps out of	M 424		

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M 424	Continued From page 3 the bathroom and fell. Resident 6 was taken to the emergency room. Surveyor reviewed an after-visit summary (AVS), dated 11/27/2024. The AVS indicated Resident 6 had a right arm fracture and was given a splint, sling and to follow up with orthopedics. Surveyor reviewed emails between Resident 6's managed care organization (MCO) and the provider. Resident 6 was to receive physical therapy for her/his fracture. Resident 6's ISP, dated 10/24/2024, was not updated to reflect Resident 6's change of condition. Resident 6's ISP did not contain information regarding the fracture or physical therapy. On 04/16/2025, at 10:45 AM, Surveyor interviewed Executive Director J by phone. Executive Director J reported Resident 6 was no longer a resident at the home. Executive Director J confirmed Resident 6 had just moved out last week, and while s/he was still a resident of the home, Resident 6 sustained a fracture. Executive Director J reported s/he was unsure why Resident 6's ISP was not updated with Resident 6's fracture and physical therapy. Executive Director J reported s/he was not the only person who worked on resident ISPs.	M 424		