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 09/10/2025

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 09/10/2025, Surveyor conducted a verification visit for SOD 0NUY14, dated 04/21/2025, at Good Life at Home, an Adult Family Home (AFH) in Racine, WI. Two deficiencies were identified. One of the 2 deficiencies is a repeat deficiency from Statement of Deficiency (SOD) 0NUY11, dated 11/02/2021 and 0NUY14, dated 04/21/2025. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 2	{M 000}		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the home and its operation complied with this chapter and all other laws governing the home and its operations potentially affecting 2 of 2 residents. The provider has been unable to maintain compliance with Chapter 88 of the Department of Health Services-Licensed Adult Family Home regulations. At the time of this verification visit, the provider had 1 repeat violation. The provider did not follow Special Orders which resulted from previous Statement of Deficiency (SOD) 0NUY14, dated 04/21/2025. Findings include:	M 216		

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

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M 216	Continued From page 1 On 09/10/2025, Surveyor reviewed Department records and identified on 06/17/2025, SOD 0NUY14 and a Special Orders Letter were issued to Licensee A via email with the following: "Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Good Life At Home: ...2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., WITHIN 7 days of receipt of this notice, the licensee shall provide each resident ' s legal representative and case manager (if any) with a copy of Statement of Deficiency 0NUY14 and a copy of this Notice and Order letter. The licensee shall retain evidence to verify compliance with Order #2. Acceptable documentation will include a signed and dated verification letter, email, or certified mail receipt from each legal representative and case manager. Documentation will be made available to department representatives upon request." On 09/10/2025, Surveyor conducted a verification visit for SOD 0NUY14, dated 04/21/2025, at Good Life At Home. As a result of the survey, the provider was issued 2 deficiencies. One of the 2 was a repeat deficiency. The following 2 deficiencies, which includes this violation, were identified: M 216 88.04(2)(a) - Responsibilities M 424 88.06(3)(f) - Review Of Isp (repeat) On 09/10/2025, at approximately 9:24 AM, Surveyor interviewed Licensee A and confirmed	M 216		

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M 216	Continued From page 2 receipt of SOD 0NUY14 and the Notice and Order Letter. Licensee A reported s/he did not provide each resident's legal representative and case manager with a copy of Statement of Deficiency 0NUY14 and a copy of the Notice and Order letter.	M 216		
{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 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 2 of 2 residents (Resident 7 and Resident 8) reviewed had his/her individual service plan (ISP) reviewed every 6 months to determine continued appropriateness of the plan and to update the plan as necessary. This is a repeat deficiency. See Statement of	{M 424}		

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{M 424}	Continued From page 3 Deficiency (SOD) 0NUY11, dated 11/02/2021 and 0NUY14, dated 04/21/2025. Findings include: On 09/10/2025, Surveyor reviewed resident records and identified the following: Resident 7 -Resident 7 was admitted to the provider's home on 06/01/2023 with diagnoses including bi-polar manic depressive disorder, intellectual disability, disruptive mood dysregulation disorder and tic disorder. -Resident 7 had a guardian. -Resident 7's Behavior Support Plan, dated 07/03/2025, stated the following: "Description of Challenging or Dangerous 'Target Behaviors': Auditory/Visual Hallucinations, Elopement, Inappropriate Sexual Behavior, Inappropriate Social and Disruptive Behavior, Inappropriate Verbal Behavior/Verbal Aggression, Non-Compliance/Medication Refusal, Object Aggression/Property Destruction, Obsessive Compulsive, Physical Aggression, Self-Injury and Suicidal Ideation/Threats...Behaviors and Interventions: [Resident 7] has intense staffing in place. Up to 12 hours per day of 1:1 24/7 intensive staffing and 2:1 intensive staffing 16 hours [sic] day. Line of sight is approved. Tracking of behaviors are done on a monthly basis this helps aid in determination of need of intense staffing." -Resident 7's ISP, dated 06/17/2025, did not include information regarding how staff were to manage Resident 7's behavior. Resident 7 was assigned 1:1 24/7 intensive staffing and 2:1	{M 424}		

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{M 424}	Continued From page 4 intensive staffing 16 hours a day, but the ISP was not updated to identify how the staff should respond when target behaviors occurred. Resident 7's ISP did not reference Resident 7's Behavior Support Plan. -Resident 7's ISP did not identify Resident 7's elopement plans and procedure. Resident 8 -Resident 8 was admitted to the provider's home on 12/04/2024 with diagnoses including autism, acute avascular necrosis of right hip and mitral regurgitation. -Resident 8 had a guardian. -Resident 8's Behavior Support Plan, dated 07/14/2025, stated the following: "Description of Behaviors: Self-injurious Behaviors, Physical Aggression, Property Destruction and Other Behaviors." "1:1 Staffing, 24 hours/day: Line of sight within Adult Family Home. During overnight hours, staff must check on [Resident 8] every hour. Staff must listen for [Resident 8] to wake up, in which staff will need to keep [him/her] in line of sight and monitor for aggression until [s/he] falls back asleep. Once asleep again staff can resume hourly checks. While in the community, [Resident 8] must remain within arms-reach." -Resident 8's ISP, dated 06/17/2025, did not include information regarding how staff were to manage Resident 8's behavior. Resident 8 was assigned 1:1 staffing 24 hours/day, but the ISP was not updated to identify how the staff should respond when target behaviors occurred. Resident 8's ISP did not reference Resident 8's	{M 424}		

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{M 424}	Continued From page 5 Behavior Support Plan. On 09/10/2025, at approximately 9:23 AM, Surveyor interviewed Regional Manager (RM) I. RM I confirmed Resident 7's and Resident 8's ISPs were not updated to include information regarding how staff were to manage their behaviors.	{M 424}		