STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019466	A. BUILDING: _____ B. WING _____	C 09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVOLVING LLC	1602 WEST ST 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 09/23/2025 with information gathered through 09/25/2025, Surveyor conducted a standard survey and 1 complaint investigation at Evolving LLC. Nine deficiencies were identified. One complaint was unsubstantiated. Census: 1	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 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,	M 114		

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

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M 114	Continued From page 1 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 interview, the provider did not ensure 2 of 2 service providers had complete background checks. Caregiver B and Caregiver C did not have a report of findings from the Department of Justice (DOJ) or the Governmental Findings Report from the Department of Health Services (DHS). A complete background check consists of the following: - A completed Background Information Disclosure (BID) form. - A report of findings from the Department of Justice (DOJ). - A Governmental Findings Report (IBIS) from the Department of Health Services (DHS). Findings include: On 09/23/2025, Surveyor reviewed service provider records and identified the following: -Caregiver B was hired on 06/07/2024. Caregiver B's BID was dated 06/07/2024. Caregiver B's record contained no evidence of a report of findings from the DOJ or the Governmental Findings Report from DHS.	M 114		

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M 114	Continued From page 2 -Caregiver C was hired on 07/15/2025. Caregiver C's BID was dated 07/15/2025. Caregiver C's record contained no evidence of a report of findings from the DOJ or the Governmental Findings Report from DHS. On 09/23/2025, at approximately 1:40 PM, Surveyor interviewed Licensee A regarding background checks of caregivers. Licensee A reported they had the BID form filled out but had not taken the next steps to obtain the report from DOJ or the IBIS. Licensee A confirmed there was no facility system currently in place to maintain these service provider records but s/he would ensure they developed a plan.	M 114		
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 ensure all service providers had a screening for diseases detrimental to resident	M 232		

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M 232	Continued From page 3 health and safety, including tuberculosis (TB), for 1 of 2 service provider records reviewed. Caregiver B's record did not contain the results of the health screening. Findings include: On 09/24/2025, Surveyor reviewed Caregiver B's record. Caregiver B was hired on 06/07/2024. Caregiver B's record did not contain screening for illness detrimental to residents, including TB. On 09/24/2025, at 1:15 PM, Surveyor interviewed Licensee A regarding the provider's process for obtaining communicable disease screenings within 90 days before the start of the employees' service. Licensee A was unsure if Caregiver B had obtained the necessary screenings but stated s/he would look and send if located. As of 09/24/2025 at 2:45 PM no report has been received.	M 232		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by:	M 244		

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M 244	Continued From page 4 Based on record review and interview, the provider did not ensure 1 of 2 service providers reviewed (Caregiver B) completed 15 hours of training approved by the licensing agency related to health, safety, and welfare of residents; resident rights, and treatment appropriate to residents served prior to or within 6 months after starting to provide care including fire safety. Caregiver B was not trained in health, safety, and welfare of residents, resident rights, first aid, fire safety or standard precautions prior to or within 6 months of hire. Findings include: On 09/24/2025, Surveyor reviewed employee records and identified the following: Caregiver B was hired 06/07/2024. Caregiver B's record did not contain evidence of initial training in health, safety, and welfare of residents, resident rights, first aid, fire safety or standard precautions prior to or within 6 months of hire. On 09/23/2025, at approximately 1:25 PM, Surveyor interviewed Licensee A regarding the staff training requirements. Licensee A reported they were unsure if staff had completed all the required training but would need to return to their office to obtain the records. Surveyor agreed to have Licensee A send staff training information. On 09/24/2025 at 11:15 AM, Surveyor conducted a search of the Green Bay Caregiver Registry and confirmed there was no training recorded under Caregiver B's name. On 09/24/2025, at approximately 11:30 AM, Surveyor confirmed with Licensee A they were unable to locate additional training for Caregiver B. Licensee A stated they would have this	M 244		

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M 244	Continued From page 5 corrected as soon as possible.	M 244		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure monthly smoke detector testing for 26 of 26 months. There was no evidence 7 of 7 smoke detectors were checked in 2023, 2024, and to date in 2025. Findings include: On 09/23/2025, Surveyor requested safety records for the facility. There was no evidence of smoke detector testing. On 09/23/2025, at approximately 1:40 PM, Surveyor interviewed Licensee A regarding the smoke detector testing. Licensee A confirmed there was no system in place to ensure smoke detector testing on a monthly basis. Licensee A confirmed the smoke detectors have not been checked monthly since opening on 04/04/2023. Cross Reference M0346 DHS 88.05(4)(d)2.b Fire Evacuation Annual Evaluation	M 336		

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M 336	Continued From page 6 Cross Reference M0348 DHS 88.05(4)(d)2.c Semi-Annual Fire Drills	M 336		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident was evaluated within 3 days of admission, using a form provided by the department to determine whether the resident was able to evacuate the home without any help within 2 minutes for 1 of 1 resident. Resident 1 was not evaluated within 3 days of being admitted on 06/01/2025. On 09/24/2025, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 06/01/2025 with diagnoses including asthma, schizophrenia, arthritis, obesity, cardiomyopathy, hypertension and chronic congestive heart failure. Resident 1 is ambulatory. Resident 1's record did not include the Resident Evacuation Assessment which was due to be completed by 06/04/2025.	M 346		

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M 346	Continued From page 7 On 09/23/2025, at approximately 1:30 PM, Surveyor interviewed Licensee A regarding the Resident Evacuation Assessments. Licensee A confirmed Resident 1 was not assessed for evacuation needs within 3 days of moving in. Licensee A reported s/he did not have a system in place to ensure annual evacuations were completed but they would develop one. Cross Reference M0366 DHS 88.05(4)(b)2 Smoke Detectors-Testing and Maintenance Cross Reference M0348 DHS 88.05(4)(d)2.c Semi-Annual Fire Drills	M 346		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure written documentation of the date and the evacuation time for each drill was maintained. There were no recorded fire drills from 04/04/2023 through 09/23/2025. Findings include: This facility was licensed on 04/04/2023 to serve up to 4 ambulatory residents in the client groups of advanced age, developmentally disabled, emotionally disturbed/mental illness, correctional clients, terminally ill and alcohol/drug dependent. On 09/23/2025, Surveyor requested to review fire drills from Licensee A. No fire drill documentation	M 348		

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M 348	Continued From page 8 was provided. On 09/23/2025, at approximately 1:30 PM, Surveyor interviewed Licensee A regarding the fire drills. Licensee A confirmed no fire drills were completed, and they would develop a system to ensure they were conducted 2 times each year in the future. Cross Reference M0366 DHS 88.05(4)(b)2 Smoke Detectors-Testing and Maintenance Cross Reference M0346 DHS 88.05(4)(d)2.b Fire Evacuation Annual Evaluation	M 348		
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. 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 received a health examination to identify health problems and was screened for communicable disease, including tuberculosis (TB), for 1 of 1 resident (Resident 1).	M 380		

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M 380	Continued From page 9 Findings include: On 09/24/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 06/01/2025. Resident 1's record did not include an admission health examination or a screening for communicable disease, including TB. On 09/23/2025, at approximately 11:30 AM, Surveyor interviewed Licensee A regarding the required tuberculosis and communicable disease screening. Licensee A reported s/he had not completed these screenings yet due to a lot going on in their personal life. They assured Surveyor they would make it a priority and ensure it is in place with any new admissions.	M 380		
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 an individual service plan (ISP) was completed for 1 of 1 resident. Resident 1 was admitted on 06/01/2025 and was due to have an ISP completed and developed by 06/30/2025. Findings include:	M 404		

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M 404	Continued From page 10 On 09/23/2025 at approximately 11:30 AM, Surveyor interviewed Caregiver B about the location of the resident ISP. Caregiver B confirmed they were not aware of any care plans and suggested Surveyor wait for Licensee A to arrive to help locate everything. On 09/23/2025, at 1:05 PM, Surveyor interviewed Licensee A regarding the ISP. Licensee A reported they were unaware an ISP needed to be developed for all residents admitted to the home, stating, "I might have something from the Managed Care Organization (MCO), but I haven't developed anything further. Surveyor agreed to have Licensee A send the information provided by MCO when they returned to their office. On 09/24/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 06/01/2025. Resident 1's record did not contain an ISP.	M 404		
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 11	M 570		

This Rule is not met as evidenced by:
Based on observation, and interview, the provider did not ensure 1 of 1 resident were safeguarded from environmental hazards. The hot water coming from the bathroom faucet was 136° Fahrenheit (F).

Findings include:

This facility was licensed on 04/04/2023 to serve up to 4 ambulatory residents in the client groups of advanced age, developmentally disabled, emotionally disturbed/mental illness, correctional clients, terminally ill and alcohol/drug dependent.

On 09/23/2025, at approximately 1:00 PM, Surveyor, accompanied by Licensee A, tested the hot water temperature from the resident bathroom sink faucet. The hot water was 136° F. House Manager B confirmed the residents were independent while in the bathroom.

On 09/23/2025, at 1:05 PM, Surveyor interviewed Licensee A regarding the hot water in the resident bathroom. Licensee A confirmed the water was too hot and s/he would turn it down.

"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

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M 570	Continued From page 12 Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017.)"	M 570		