STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018697	A. BUILDING: _____ B. WING _____	R-C 02/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELPING HANDS ASSISTED LIVING LLC	2624 19TH STREET RACINE, WI 53403

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M 000	INITIAL COMMENTS On 02/24/2025, Surveyor conducted 2 complaint investigations and a verification visit at Helping Hands Assisted Living LLC, an AFH located in Racine, WI. As a result of the survey, 6 violations of Chapter DHS 88 were issued. Four violations are repeat violations from previous Statement of Deficiency (SOD) 2S8Y11 dated 09/13/2023. Nine violations from previous SOD 2S8Y11 corrected. One complaint was substantiated, 1 complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 2	M 000		
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: Based on observation, record review, and	M 244		

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

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M 244	Continued From page 1	M 244		

interview, the provider did not ensure Caregiver B completed all the required initial training, including 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.

Caregiver B's record did not include documentation of training, including 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 is a repeat violation from previous Statement of Deficiency (SOD) 2S8Y11 dated 09/13/2023.

Findings include:

The facility is licensed to serve up to 4 residents with emotionally disturbed/mental illness and developmentally disabled.

On 02/24/2025 at 9:45 AM, Surveyor observed Caregiver B in the home alone with the residents. Caregiver B confirmed being the only staff member on site at the time of Surveyor's arrival.

On 02/24/2025 at approximately 9:55 a.m., Surveyor interviewed Caregiver B. Caregiver B stated s/he had done training since his/her date of hire. Caregiver B affirmed he/she had received training in 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. Caregiver B stated, "I don't know if it's documented or not, but I did it."

On 02/24/2025, Surveyor reviewed Caregiver B's record. Caregiver B was hired and started to

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M 244	Continued From page 2 provide care on 02/28/2022. Caregiver B's record did not include documentation of 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. On 02/24/2025 at 11:00 AM., Surveyor interviewed Licensee A. Licensee A affirmed Caregiver B worked alone in the adult family home. Licensee A acknowledged Caregivers B did not receive any training since their date of hire. Licensee A stated s/he needs to send Caregiver B to training.	M 244		
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 ensure a safe, clean and homelike environment appropriate for residents. There was water damage to the ceiling of the kitchen, a hole in Resident 1's bedroom wall and the dryer does not work. Findings include: On 02/24/2025 at 9:45 AM, Surveyor toured the physical environment. OBSERVATIONS:	M 276		

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M 276	Continued From page 3 The heating register in the living room was very dirty and dented. Caregiver B stated that Resident 2 will kick the register sometimes when s/he is mad. There was water damage to the ceiling tile and light cover in the kitchen. Caregiver B stated that water leaked from the upstairs bathroom, which was fixed but the ceiling tile was not replaced. There was a hole in Resident 1's bedroom wall that measured approximately 3 inches by 3 inches. The facility dryer does not work properly. Caregiver B stated that Licensee A has called a contractor to fix or replace the dryer. Residents must go to a laundromat to get clothes dried for now. There was a broken window screen on the front porch. Caregiver B stated that Resident 2 is destructive when s/he is mad. All 4 kitchen chairs were broken. Caregiver B stated that Licensee A had ordered a new set of chairs, but the chairs had been broken for about 2 weeks. On 02/24/2025 at 11:15 AM, Surveyor interviewed Licensee A. Licensee A stated that s/he had contacted the landlord to get the ceiling, dryer and screen fixed, "a while ago, but s/he is not fast in fixing things." Licensee A stated that s/he had ordered more kitchen chairs, but they had not come in yet. Licensee A stated that the hole in Resident 1's bedroom was supposed to be fixed, but the landlord had not gotten to it yet.	M 276		

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M 346	Continued From page 4	M 346		
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 complete an annual evacuation assessment for 2 of 2 residents who resided in the adult family home beyond one year. Resident 1 did not have an annual evacuation assessment completed in 2024 Resident 2 did not have an annual evacuation assessment completed in 2023. This is a repeat violation from previous Statement of Deficiency (SOD) 2S8Y11 dated 09/13/2023. Findings include: On 02/24/2025, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 06/14/2023. Resident 1's record contained an initial resident evacuation assessment dated 06/14/2023. Resident 1's record did not include an evacuation assessment for calendar year 2024. On 09/13/2023, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted on	M 346		

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M 346	Continued From page 5 08/25/2022. Resident 2's record contained an initial resident evacuation assessment, dated 08/25/2022. Resident 2's record did not contain an annual evacuation assessment for calendar year 2023 or 2024. On 09/13/2023 at 3:32 p.m., Surveyor interviewed Licensee A. Licensee A affirmed Resident 1 was not evaluated in 2024 and Resident 2 was not evaluated in 2023 or 2024. Licensee A disclosed he/she would ensure Resident 2's annual evacuation assessment would be completed as soon as possible.	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 semi-annual fire drills were conducted with all household members with written documentation of the evacuation time for each drill for calendar year 2024. This is a repeat violation of from Statement Of Deficiency (SOD) 2S8Y11 dated 09/13/2023. Findings include: The facility was licensed on 12/22/2021 to serve 4 residents in the client groups of emotionally disturbed/mental illness and developmentally disabled.	M 348		

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M 348	Continued From page 6 On 02/24/2025 at approximately 12:00 PM, Surveyor reviewed the provider's fire drill log for calendar year 2024. The log provided to Surveyor did not indicate an evacuation. On 02/24/2025 at 12:20 PM, Surveyor interviewed Licensee A. Licensee A affirmed the evacuation time was not documented on the fire drill log for calendar year 2024. Licensee A stated that the facility had conducted drills, but must not have documented. Licensee A stated, "I will make sure these are documented from now on."	M 348		
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 individualized services plan (ISP) was completed for 1 (Resident 1) of 2 residents within 30 days of placement. Resident 1 was admitted on 06/14/2023 and was due to have an ISP completed and developed on or before 07/07/2023. This is a repeat violation from previous Statement of Deficiency (SOD) 2S8Y11 dated 09/13/2023. Findings include:	M 404		

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M 404	Continued From page 7 On 02/24/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 06/14/2023. Resident 1's record did not contain an ISP. On 02/24/2025 at 12:00 PM, Surveyor interviewed Licensee A. Licensee A reported he/she was still working on Resident 1's care plan. Licensee A disclosed, "honestly, I just haven't had the time to complete this, but I will now."	M 404		
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 that Resident 2's Individual Service Plan (ISP) was updated	M 424		

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M 424	Continued From page 8 annually. Resident 2's ISP had not been updated since 08/25/2022. Findings include: On 02/24/2025, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted on 08/25/2022 with diagnoses that include but are not limited to: unspecified intellectual disability, schizoaffective disorder, history of aggressive behaviors, autism, attention deficit hyperactivity disorder, fetal alcohol syndrome, and cognitive delay. Resident 2's ISP was dated 08/25/2022. On 02/24/2025 at 12:25 PM, Surveyor interviewed Licensee A. Licensee A confirmed that Resident 2 was admitted 08/25/2022 and his/her ISP had not been updated since 08/25/2022. Surveyor advised Licensee A that Resident ISPs must be updated every 6 months. Licensee A stated s/he understood.	M 424		