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	0018682	A. BUILDING: _____ B. WING _____	07/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEMMORIES OF THE HEART LLC	1945 CENTER STREET RACINE, WI 53403

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M 000	INITIAL COMMENTS On 07/15/2026, Surveyor completed a standard survey at Memorries of the Heart LLC. As a result, 8 deficiencies were identified. Census: 1	M 000		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each caregiver completed 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights, and treatment of residents for 1 (Licensee A) of 1 caregiver reviewed who required annual training. Licensee A did not receive annual training related to the health, safety, welfare, rights, and treatment of residents in 2024 and 2025. Findings include: On 07/15/2026 at approximately 5:00 PM, Surveyor reviewed Licensee A's employee file. Licensee A was hired on 11/30/2021. Licensee	M 246		

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

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M 246	Continued From page 1 A's file did not contain evidence that indicated Licensee A completed annual training related to the health, safety, welfare, rights, and treatment of residents in 2024 and 2025. On 07/15/2026 at approximately 5:00 PM as Surveyor reviewed Licensee A's employee file, Licensee interviewed Licensee A. Licensee A disclosed being a current certified Community Based Residential Facility trainer. Licensee A is required to complete annual training through the University of Green Bay (UWGB). Licensee A could not log into the UWGB system to retrieve evidence of his/her training. Licensee A stated he/she would e-mail evidence that indicate he/she completed annual training in 2024 and 2025 to this Surveyor the morning of 07/16/2026. As of 1:00 PM on 07/16/2026, Surveyor has not received any additional evidence that indicated Licensee A received annual training in 2024 and 2025.	M 246		
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 the facility's smoke	M 336		

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M 336	Continued From page 2 detectors were tested monthly for 2 (2024 and 2025) of 2 years. Findings include: On 07/16/2026 at approximately 4:30 PM, Surveyor reviewed the provider's safety files. Surveyor was unable to locate evidence that 9 of 9 smoke detectors were tested in 2024 and 2025. On 07/16/2026 at approximately 4:30 PM, as Surveyor reviewed the provider's safety files, Surveyor interviewed Licensee A. Licensee A reported testing the smoke detectors in 2024 and 2025, however, shredded the documents after the fire inspection was completed by Racine County fire department. Licensee A was not aware the department would need evidence of the smoke detectors being tested.	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 complete an annual evacuation assessment review for 1 (Resident 1) of 1 resident who lived in the facility beyond one year.	M 346		

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M 346	Continued From page 3 Resident 1 did not have an annual evacuation assessment completed in 2025. Findings include: On 07/15/2026 at approximately 5:30 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted into the adult family home on 09/16/2024. Resident 1's record did not contain evidence of a completed and/or updated evacuation evaluation for 2025. On 07/15/2026 at approximately 5:30 PM, Surveyor interviewed Licensee A as Surveyor reviewed Resident 1's record. Licensee A acknowledged Resident 1's record did not reflect that Resident 1 was assessed on their evacuation abilities in 2025. Licensee A reported assessing Resident 1's evacuation abilities during the fire drills that were completed in 2025, however, since Licensee A shredded past fire drill documentation, Licensee A could not provide evidence that Resident 1 was assessed on their evacuation abilities.	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 documented the date and evacuation time for each drill for 2 of 2 years.	M 348		

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M 348	Continued From page 4 There was no documentation of fire drills being conducted in 2024 and 2025. Findings include: This facility was licensed on 12/01/2021 to serve up to 4 ambulatory residents with primary diagnoses of advanced aged, traumatic brain injury, irreversible dementia/Alzheimer's, developmentally disabled, terminally ill, and physically disabled. On 07/16/2026 at approximately 4:30 PM, Surveyor reviewed the provider's safety files. Surveyor was unable to locate evidence that fire drills were conducted in 2024 and 2025. On 07/16/2026 at approximately 4:30 PM, as Surveyor reviewed the provider's safety files, Surveyor interviewed Licensee A. Licensee A stated he/she completed fire drills monthly in 2024 and 2025, however, was not aware the department would need evidence of the fire drills that were conducted. Licensee A reported he/she shredded the documentation after Racine County completed their fire inspection in 2025.	M 348		
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	M 420		

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M 420	Continued From page 5 provider did not ensure 1(Resident 1) of 1 resident's individual service plans (ISP) included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 1's ISP did not include a signed statement of agreement with all parties involved. Findings include: On 07/15/2026 at approximately 5:30 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted into the adult family home on 09/16/2024. Resident 1 was identified as their own legal decision maker. Resident 1 had an ISP with a review date of 03/16/2025 and 09/17/2025. Resident 1's ISP did not contain Resident 1's signature that indicated Resident 1 agreed with the ISP. On 07/15/2026 at approximately 5:30 PM, Surveyor interviewed Licensee A as Surveyor reviewed Resident 1's record. Licensee A acknowledged he/she did not obtain Resident 1's signature at the time the ISP was created and reviewed. Licensee A was not aware Resident 1's signature was needed.	M 420		
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	M 424		

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M 424	Continued From page 6 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 review Resident 1's Individual Service Plan (ISP) every 6 months. Findings include: On 07/15/2026 at approximately 5:30 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted into the adult family home on 09/16/2024. Resident 1's record contained three ISPs. The first ISP was dated on 10/16/2024. The 2nd ISP was dated 03/16/2025 and the last ISP was dated 09/17/2025. Surveyor observed no evidence Resident 1's ISP was reviewed on or before 02/17/2026. On 07/15/2026 at approximately 5:30 PM, Surveyor interviewed Licensee A as Surveyor reviewed Resident 1's record. Licensee A acknowledged Resident 1's ISP was not reviewed or updated on or before 02/17/2026. Licensee A reported Resident 1's ISP was not reviewed until April 2026, which is when Resident 1's care plan at their day program was reviewed.	M 424		

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M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service 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 have a written order from the physician who prescribed the medications, 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 for 1 (Resident 1) of 1 resident. Resident 1 did not have physician orders stating who can administer their medication. Findings include: On 07/15/2026 at approximately 5:30 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted into the adult family home on 09/16/2024. Resident 1's record contained a document that listed Resident 1's medication and indicated trained staff administered Resident 1's medication. The document contained a line for the physician's signature, however, Resident 1's	M 464		

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M 464	Continued From page 8 physician did not sign the document. On 07/15/2026 at approximately 5:30 PM, Surveyor interviewed Licensee A as Surveyor reviewed Resident 1's record. Licensee A confirmed administering Resident 1's medications. Licensee A acknowledged Resident 1's physician did not sign the document. Licensee A stated he/she would reach out to Resident 1's physician to have him/her sign the document.	M 464		
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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 (Resident 1) of 1 resident was safeguarded from environmental hazards. The hot water coming from 1 of 1 bathroom faucet that is used by the resident was 127.8° Fahrenheit (F). Findings include:	M 570		

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M 570	Continued From page 9	M 570		

This facility was licensed on 12/01/2021 to serve up to 4 ambulatory residents with primary diagnoses of advanced aged, traumatic brain injury, irreversible dementia/Alzheimer's, developmentally disabled, terminally ill, and physically disabled.

On 07/15/2026, at approximately 4:53 PM, Surveyor tested the hot water temperature with Licensee A from the resident bathroom sink faucet. The hot water was 127.8° F. Licensee A reported he/she tests the water monthly. Surveyor asked Licensee A for their thermometer that is used to test the water temperature. Licensee A provided Surveyor with an infrared thermometer. Prior to this Surveyor being given the infrared thermometer, Licensee A turned down the water temperature at 1 of 1 water heater within the home. At approximately 6:00 PM, Surveyor re-tested the hot water with the infrared thermometer. The hot water was 131.0° F.

On 07/15/2026 at approximately 6:23 PM, Surveyor interviewed Licensee A. Licensee A stated he/she turned the hot water heater onto "vacation mode" and would retest the water in the morning.

"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

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M 570	Continued From page 10 forms scar tissue upon healing. These burns may lead to permanent disability." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017.)	M 570		