| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019754 | A. BUILDING: _____ B. WING _____ | C 02/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GRACEFUL HEART HOMES LLC | 1916 SATURN AVE 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 |
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| M 000 | INITIAL COMMENTS<br><br>On 02/11/2025, Surveyor completed a standard survey, 1 complaint investigation and self report investigation at Graceful Heart Homes LLC in Racine.<br>Two deficiencies were identified.<br>One complaint was substantiated.<br><br>Census: 3 | M 000 | | |
| M 134 | 88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT<br><br>Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure all incidents requiring Department notification were reported to the Department for 1 of 1 incident. On 01/23/2025, Resident 2 had a significant change in condition requiring hospitalization due to a medication error.<br><br>Findings include:<br><br>On 01/29/2025, the Department received a complaint alleging a resident was given wrong medication which caused them to collapse and be | M 134 | | |

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

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| M 134 | Continued From page 1<br>taken to the hospital.<br><br>On 02/10/2025, Surveyor reviewed department records and identified there were no self-reports submitted by the provider related to this incident.<br><br>On 02/11/2025 at approximately 11:30 AM, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility on 04/04/2024, with a diagnosis of Lewy body dementia and Parkinson's disease.<br><br>Surveyor reviewed a facility incident report, dated 01/23/2025, which reported, " ... [Resident 2] came to the table and took the meds (medications) thinking that they were [his/her] medications when in fact the meds were intended for [Resident 1]."<br><br>On 02/11/2023, at 12:43 PM, Surveyor interviewed Licensee A who confirmed they did not report Resident 2 having ingested medication prescribed to Resident 1 to the Department. Licensee A stated they had reported the incident to Resident 2's case manager and thought that was all that was required. Surveyor provided information to Licensee A regarding the department Publication-02007 Reporting Requirements for Assisted Living Facilities. | M 134 | | |
| M 570 | 88.10(3)(l) Safe Physical Environment<br><br>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 | M 570 | | |

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| GRACEFUL HEART HOMES LLC | 1916 SATURN AVE RACINE, WI 53404 |

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| M 570 | Continued From page 2 | M 570 | | |

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 hot water in 1 of 1 resident bathroom was kept at a safe temperature for use by residents who had impaired functioning. The hot water measured 125° Fahrenheit (F) at 1 of 1 hot water faucets tested. One resident in the home has a diagnosis of Lewy body dementia.

Findings include:

On 02/11/2025, at 10:00 AM, Surveyor tested the hot water from the faucet in the resident bathroom sink. Caregiver B confirmed the hot water measured at 125° F.

On 02/11/2023, at 12:50 PM, Surveyor interviewed Licensee A regarding the hot water temperature. Licensee A confirmed the water temperature was "too high." Licensee A reported they tested the water to ensure appropriate temperature but thought their thermometer might need to be recalibrated. Licensee A reported there was a resident in the facility who was diagnosed with Lewy body dementia.

Exposure to hot water is a potential environmental danger for clients. Elderly clients and clients 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

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| **GRACEFUL HEART HOMES LLC** | **1916 SATURN AVE RACINE, WI 53404** |

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| M 570 | Continued From page 3<br>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 publication P-01942, Hot Water Temperatures in Adult Family Homes, 08/2017). | M 570 | | |