STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017728	A. BUILDING: _____ B. WING _____	C 08/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD LIFE AT HOME	**2424 LORAINE 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
M 000	INITIAL COMMENTS On 08/11/2026, Surveyor completed a standard survey and 2 complaint investigations at Good Life At Home. As a result, 6 deficiencies were identified, and 2 complaints were substantiated. Census: 2	M 000		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all incidents requiring Department notification were reported to the Department within 24 hours for 6 of 6 incidents. Findings include: On 08/10/2026, Surveyor reviewed Department records and reviewed 2 self-reports submitted by the provider, outside of the required 24-hour requirement, related to Resident 5's self-injurious behaviors which resulted in admission to the hospital. No other self-reports were received regarding Resident 5's other behavioral incidents	M 134		

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

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M 134	Continued From page 1 resulting in hospitalization. On 08/10/2026 at approximately 11:30 AM, Surveyor reviewed Resident 5's record. Resident 5 was admitted to the facility on 02/16/2026 and discharged in late July of 2026. Resident 5's individual service plan (ISP), dated 05/19/2026, indicated Resident 5 had a history of self-abusive behavior, self-harm threats, self-inflicted injuries, verbal aggression, physical aggression, threats, property destruction, and ingestion of harmful objects during periods of emotional distress. Surveyor reviewed Resident 5's incident reports and identified the following: 02/16/2026 at 5:00 PM - Resident 5 swallowed a nail and a tack and voiced s/he would be better off in heaven. Resident 5 was admitted to the hospital from 02/16/2026 - 02/21/2026. Self-report submitted 03/02/2026. 02/23/2026 at 12:00 PM - Resident 5 exhibited aggressive behaviors towards staff and attempted to elope. Resident 5 then swallowed batteries and was transported to a local hospital and later admitted from 02/23/2026 - 03/01/2026. Self-report submitted 03/02/2026. 03/02/2026 at 7:00 PM - Resident 5 damaged another resident's personal belongings and broke a porcelain toilet lid. Resident 5 used the broken porcelain pieces to cut her/his arm and placed the object to her/his throat and made suicidal threats to staff. Police were contacted and Resident 5 was transported to the local hospital. Resident 5 was later admitted to the behavioral health unit for evaluation and treatment. No self-report on file.	M 134		

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M 134	Continued From page 2 06/21/2026 at 4:05 PM - Resident 5 broke bathroom tiles and attempted to cut her/his neck and wrist with the broken tiles. Resident 5 was transported to a local hospital and admitted for voluntary inpatient behavioral health treatment. No self-report on file. 07/04/2026 at 6:40 PM - Resident 5 swallowed a screw and was transported to the local hospital and admitted. No self-report on file. 07/24/2026 at 7:13 AM - Resident 5 broke bathroom tiles and scratched her/his neck the broken pieces of tile. Resident 5 then reported s/he swallowed glass and was transported to the hospital and later admitted. No self-report on file. On 08/11/2026 at approximately 4:30 PM, Surveyor interviewed Licensee A and Chief of Operations (COO) N. COO N reported s/he was not aware of the code requirement. Licensee A and COO N reported they would review reporting requirements and ensure the facility submits self-reports as required.	M 134		
M 276	88.05(3)(a) Homelike 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:	M 276		

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M 276	Continued From page 3	M 276		

Based on observation and interview, the provider did not ensure a safe, clean, and well-maintained homelike environment for 2 of 2 residents in the home. Plexiglass was screwed to the window trim covering all windows in the living room and bedrooms, light switches were covered with wood boxes.

Findings include:

On 08/10/2026, at approximately 10:15 AM, Surveyor toured the facility and observed the following:

Living Room
- All windows had plexiglass screwed into the door frame
- Front door contained a mag lock
- TV was framed with wood and covered in plexiglass
- Security monitor was framed with wood and covered in plexiglass

Common Bathroom
- No light bulbs in light fixture over sink
- Trim along the floor was missing
- Light fixture covered in grey matter similar to dust
- Grey matter similar to dust covering exhaust fan on ceiling
- Plexiglass screwed into the wall covering the mirror
- Plexiglass screwed to the wall over the window in the shower
- No shower curtain present in shower
- Wooden box screwed over light switch with two holes drilled in it to access the switch

Resident 5's room (no longer at facility)
- Windows had plexiglass screwed into wood trim

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M 276	Continued From page 4 to cover the windows - All wall and door trim was removed - Smoke detector was covered in a plexiglass box on the ceiling Resident 6's bedroom: - One of 2 windows covered in plexiglass - All walls covered in plexiglass from approximately 1 foot off the floor to approximately 6 feet high On 08/11/2026, at approximately 4:30 PM, Surveyor interviewed Licensee A and Chief of Operations (COO) N. Licensee A acknowledged the home did not appear to have a homelike environment due to the changes made as a result of behavioral residents residing at the facility. Licensee A reported changes had been implemented over time because of managed care organization (MCO) requests. Licensee A reported Resident 5's MCO asked the facility to remove trim after Resident 5 destroyed property in the room and ingested a nail. Licensee A reported s/he understood changes need to be made to the facility and s/he would communicate the needed changes that with the team and MCOs.	M 276		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by:	M 338		

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M 338	Continued From page 5	M 338		

Based on observation, record review and interview, the provider did not ensure the facility had 2 means of exiting which provided unobstructed access to the outside. Magnetic locks were installed on 2 of 2 exit doors to the outside from the first floor.

Findings include:

The facility was licensed on 07/12/2019, to serve up to 4 residents in the areas of physically disabled, terminally ill, advanced age, traumatic brain injury, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, and developmentally disabled. At the time of the survey, 2 residents resided in the facility.

On 07/30/2026, the Department received a complaint alleging the facility had magnetic locks on the entrance and exit of the facility.

Observation

On 08/10/2026, at approximately 10:15 AM, Surveyor toured the facility and observed the following:

Exterior Front door
- Front door contained a keypad on the door frame to enter the facility.

Interior Front door
- A magnetic lock was located on the top right corner of the door.
- On the wall to the right of the front door was an electronic fob reader.

Interior Rear door
- A magnetic lock was located on the top left of the door.

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M 338	Continued From page 6 - On the wall to the right of the front door was an electronic fob reader. Record Review On 08/10/2026, at approximately 5:00 PM, Surveyor reviewed Department files. Surveyor did not locate or review evidence of a waiver or request for the use of magnetic locks or delayed egress in the facility's file. Interviews On 08/10/2026, at approximately 10:31 AM, Surveyor interviewed Caregiver L. Caregiver L reported the facility has had magnetic locks since s/he worked in the facility. Caregiver L reported s/he was informed the magnetic locks on both doors were to prevent residents from eloping from the facility. Surveyor inquired how the magnetic locks work. Caregiver L reported to exit the facility, the key fob needed to be swiped on fob reader to unlock the doors. On 08/10/2026, at approximately 10:31 AM, Surveyor interviewed Manager N. Manager N reported s/he has worked for the facility for approximately 5 years, and the facility had the magnetic locks when s/he started employment. On 08/11/2026, at approximately 4:30 PM, Surveyor interviewed Licensee A and Chief of Operations (COO) N. Licensee A and COO N reported they were unaware of the code requirement. Licensee A and COO N reported the managed care organization (MCO) the facility is contracted with approved the use of magnetic locks. Licensee A acknowledged the magnetic locks required a waiver through the Department or must be removed. Licensee A reported s/he	M 338		

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M 338	Continued From page 7 would review the waiver process and submit a waiver or have the magnetic locks removed.	M 338		
M 550	88.10(3)(b) Privacy Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's guardian except when there is reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure Resident 5 had physical and emotional privacy in living arrangements. Resident 5's door leading to her/his bedroom was removed. Findings include: On 08/10/2026, at approximately 10:15 AM, Surveyors conducted a tour of the facility. The room Resident 5 resided in when s/he was at the facility contained plexiglass screwed to the window trim covering both windows. The trim in the bedroom was removed to include all doors and floor trim. The smoke detector had a plexiglass case covering it.	M 550		

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M 550	Continued From page 8 Record Review On 08/10/2026 at approximately 11:30 AM, Surveyor reviewed Resident 5's record. Resident 5 was admitted to the facility on 02/16/2026 and discharged in late July of 2026. Resident 5's individual service plan (ISP), dated 05/19/2026, indicated Resident 5 had a history of self-abusive behavior, self-harm threats, self-inflicted injuries, verbal aggression, physical aggression, threats, property destruction, and ingestion of harmful objects during periods of emotional distress. Interviews On 08/10/2026, at approximately 10:31 AM, Surveyor interviewed Caregiver L. Caregiver L reported Resident 5's door was removed to prevent her/him from ingesting the screws that held the door in place. Caregiver L reported Resident 5 had a history of swallowing objects and would swallow screws. Caregiver L did not provide the duration of time the door was removed. On 08/11/2026 at approximately 4:30 PM, Surveyor interviewed Licensee A and Chief of Operations (COO) N. Licensee A and COO N reported they were unaware of the code requirement. Licensee A reported Resident 5's door was taken off shortly after her/his arrival at the facility. Licensee A reported the facility was unaware this was an issue until Adult Protective Services (APS) informed them it was not allowed in July 2026. Licensee A reported the door was later reinstalled.	M 550		

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M 570	Continued From page 9	M 570		
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 water temperatures were kept at a safe temperature for 1 of 1 bathroom. The hot water temperature in the common bathroom was 127.4° Fahrenheit (F). Findings include: The facility was licensed on 07/12/2019, to serve up to 4 residents in the areas of physically disabled, terminally ill, advanced age, traumatic brain injury, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, and developmentally disabled. At the time of the survey, 2 residents resided in the facility. On 08/10/2026, at 4:30 PM approximately 10:22 AM, Surveyor tested the water temperature in the common bathroom sink faucet. The water temperature was 127.4°F. "Exposure to hot water is a potential	M 570		

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M 570	Continued From page 10 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 Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017) On 08/11/2026 at approximately 4:30 PM, Surveyor interviewed Licensee A. Licensee A confirmed the water temperature should not exceed 115°F. Licensee A reported the staff check the water temperature regularly but s/he believed there was an issue with the water heater. Licensee A reported the facility would have the water heater serviced or replaced and the water temperature rechecked.	M 570		
M 576	88.10(3)(n)2 Restraints In Emergency Physical restraints may be used in an emergency when necessary to protect the resident or other person from injury or to prevent physical harm to the resident or another person resulting from the destruction of property, provided that law enforcement or other emergency assistance be summoned as soon as possible and the incident is reported to the licensing agency by the next business day with documentation of	M 576		

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M 576	Continued From page 11 what happened, the actions taken by the adult family home and the outcomes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the Department after service providers physically restrained Resident 5 on 05/18/2026 in an emergency to protect him/herself and others from getting injured. Findings include: On 07/27/2026, the Department received a complaint alleging the use of restraints on a resident that were not approved. On 08/10/2026, Surveyor reviewed Department records and reviewed 2 self-reports submitted by the provider, outside of the required 24-hour requirement, related to Resident 5's self-injurious behaviors which resulted in admission to the hospital. No other self-reports were received related to the physical restraint of Resident 5 on 05/18/2026. On 08/10/2026 at approximately 11:30 AM, Surveyor reviewed Resident 5's record. Resident 5 was admitted to the facility on 02/16/2026 and discharged in late July of 2026. Resident 5's individual service plan (ISP), dated 05/19/2026, indicated Resident 5 had a history of self-abusive behavior, self-harm threats, self-inflicted injuries, verbal aggression, physical aggression, threats, property destruction, and ingestion of harmful objects during periods of emotional distress. Surveyor reviewed Resident 5's incident reports and identified the following:	M 576		

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M 576	Continued From page 12 05/18/2026 at 12:19 PM - Classification - Behavior - Danger To Self (Resident Room) "At approximately 12:00 p.m., [Resident 5] became upset because s/he believed s/he did not have money available to purchase candy due to the ongoing property destruction behaviors s/he had been engaging in. Staff encouraged [Resident 5] to contact her/his guardian to confirm the information. [Resident 5] then stated that s/he was going to run away and began engaging in destructive behaviors throughout the home. S/he threw multiple items, turned on the shower, and sprayed staff with water. During the incident, [Resident 5] also kicked both staff members multiple times and punched them. Staff maintained a safe distance, followed safety protocols, and continued attempts at verbal redirection and de-escalation throughout the situation. [Resident 5] then entered her/his housemate's room and poured water and coffee on the floor, as well as knocked items off the dresser. The housemate was not home at the time of the incident. [Resident 5] then went back into the common area and attempted to go out the window and repeatedly banged her/his head against the plexiglass covering the TV. [Resident 5] later entered her/his bedroom and ripped the light switches off the wall, exposing live electrical wires. S/he actively attempted to touch the live wires. Staff assessed the risk of harm as high due to the danger of electrocution and implemented a two-person standing hold in the medium position. Staff escorted [Resident 5] away from the exposed wires and secured the bedroom door to prevent further access until maintenance arrived. Once [Resident 5] was safely away from the wires, the hold was immediately released. The hold lasted approximately one minute. Maintenance arrived	M 576		

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within 30 minutes and secured the exposed wires with plywood, after which [Resident 5] was allowed back into his/her room. Staff continued providing verbal redirection and encouraged [Resident 5] to take a [as needed] PRN medication, which s/he agreed to. Approximately 30 minutes later, [Resident 5] returned to baseline. Following the incident, staff completed a body scan of [Resident 5] and did not observe any visible bruising, swelling, or injuries related to the head banging behavior. Staff also reported that they did not sustain any injuries during the incident. [Good Life at Home] G.L.A.H will also be submitting an itemized invoice to [Resident 5's] representative payee for reimbursement of the damages and repairs associated with the property destruction incidents..."

On 08/11/2026, at approximately 4:30 PM, Surveyor interviewed Licensee A and Chief of Operations (COO) N. Surveyor inquired about the two-person standing hold in the medium position that was used during the 05/18/2026 incident. COO N reported this is a hold taught in the Crisis Prevention Intervention (CPI) course. COO N reported s/he is a certified CPI instructor and that all staff go through CPI training and it has been approved by the managed care organizations (MCO's). COO N reported this position involves one staff on each side of member with their arms interlocked in front of the resident and pressing their hips to the resident's hips to restrict movement. COO N confirmed this hold is considered a restraint, but staff used it to protect Resident 5 from injury. Licensee A and COO N reported they were unaware of the code requirement. COO N confirmed the hold occurred and that law enforcement, emergency medical services, nor the Department were notified of the use of a restraint in the event of an emergency.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD LIFE AT HOME	**2424 LORAINE 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
M 576	Continued From page 14 Licensee A and COO N reported the facility would update the policies and training to ensure compliance with the code.	M 576		