STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018953	A. BUILDING: _____ B. WING _____	C 09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AASHIYANA FAMILY CARE LLC UNIT B	**2900 RUSSET STREET UNIT B RACINE, WI 53405**

(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 09/25/2024, Surveyors conducted a standard survey and complaint investigation at Aashiyana Family Care LLC Unit B, an Adult Family Home (AFH) in Racine, WI. One deficiency identified. Complaint unsubstantiated. Census: 4	M 000		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) Individual Service Plans (ISPs) included information that was specific to the individual, and accurately identified current needs and abilities. Findings include: The home was licensed as an ambulatory adult family home (AFH) caring for up to 4 residents in the client groups of traumatic brain injury, correctional clients, developmentally disabled, alcohol/drug dependent, irreversible dementia/Alzheimer's, physically disabled, advanced age, terminally ill, and emotionally disturbed/mental illness.	M 410		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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AASHIYANA FAMILY CARE LLC UNIT B	**2900 RUSSET STREET UNIT B RACINE, WI 53405**

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M 410	Continued From page 1 On 09/25/2024 at approximately 11:30 AM Surveyors toured the facility. Surveyors observed Resident 1's bed did not have a mattress on it. Surveyors observed Resident 1 in his/her wheelchair. Resident 1 had mitts on his/her hands and a large pack and play on the ground in the living room area. On 09/25/2024 approximately 12:00 PM, Surveyors interviewed Administrator A. Administrator A stated Resident 1 uses a Hoyer lift for transfers and staff change Resident 1 in his/her new broda chair that reclines all the way. Administrator A stated Resident 1 had behaviors when s/he was left in his/her room because of his/her history of physical abuse. Administrator A stated Resident 1 naps and sleeps in the large pack and play that was in the living room area of the facility. Administrator A stated Resident 1 does much better when s/he is out by the caregivers and not left alone in his/her bedroom. Resident 1 would crawl out of his/her bed in his/her room because s/he was too scared of being alone. Administrator A stated Resident 1 would sometimes scratch or bite his/her arms, so that is why Resident 1 wears his/her mitts but s/he is able to take them off. On 09/25/2024, Surveyors reviewed Resident 1's ISP, dated 07/15/2024, and the following was reported: Resident 1 was admitted to the facility on 12/14/2023, had a guardian, and required 24-hour supervision with a one-on-one staff. Resident 1's ISP stated Resident 1 used a wheelchair, Hoyer lift and had tube feeding. Resident 1's ISP was not updated to reflect the interventions of using mitts to keep from harming themselves, changing Resident 1 in his/her broda	M 410		

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M 410	Continued From page 2 chair and Resident 1's preferred sleeping arrangements. On 09/25/2024, at approximately 1:00 PM, Surveyors interviewed Administrator A. Administrator A stated s/he had forgotten to update the ISP to identify Resident 1 uses the pack and play for napping and sleeping at night, staff change Resident 1 in his/her broda chair and uses mitts to help with biting and scratching his/her arms. Administrator A stated s/he would update it immediately to reflect Resident 1's current needs and abilities.	M 410		