STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014867	A. BUILDING: _____ B. WING _____	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAYMOND JOHN AND STEPHEN LLOYD LLC	5500 41ST STREET KENOSHA, WI 53144

(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 05/01/2025, Surveyor completed an abbreviated survey at Raymond John and Stephen Lloyd. As a result, 4 deficiencies were identified. Census: 2	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 service provider received 8 hours of annual training for 1 of 2 years reviewed. Licensee A did not receive annual training in 2024. Findings include: On 04/30/2025, at 11:50 AM, Surveyors reviewed Licensee A's file. Licensee A was hired on 01/08/2014. Licensee A's record did not contain evidence of annual training in 2024. On 04/30/2025, at 11:50 AM, Surveyors interviewed Licensee A. Licensee A confirmed staff were to have 8 hours of training annually.	M 246		

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
	0014867	A. BUILDING: _____ B. WING _____	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAYMOND JOHN AND STEPHEN LLOYD LLC	5500 41ST STREET KENOSHA, WI 53144

(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 246	Continued From page 1 Licensee A reported s/he did not know why s/he did not complete the required training.	M 246		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was free of hazards for 2 of 2 residents. There were combustibles located in the furnace closet. Findings include: On 04/30/2025, at 1:00 PM, Surveyor toured the home with Licensee A. Surveyor observed the utility closet which contained the furnace and water heater. Next to the furnace was a 5-gallon pail of paint, and a 1-gallon pail of primer. Within 6 inches of the furnace was 4 suitcases stacked on top of each other. The suitcases were in between the furnace and water heater. Surveyor was unable to measure the distance between the suitcases and the water heater. On the other side of the furnace, was a step ladder with plastic steps leaned up against the furnace. There were also some boards leaned up against the wall within 3 inches of the furnace.	M 278		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014867	A. BUILDING: _____ B. WING _____	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAYMOND JOHN AND STEPHEN LLOYD LLC	5500 41ST STREET KENOSHA, WI 53144

(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 278	Continued From page 2 On 04/30/2025, at 1:05 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was unaware of the requirement and would work on clearing out the utility closet.	M 278		
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 detectors were tested monthly for 2 of 2 years. There was no evidence the smoke detectors were tested monthly in 2023, 2024, and in February and March of 2025. Findings include: On 04/30/2025, at, 12:45 PM, Surveyor reviewed the facility safety files. Smoke detectors were tested in March 2023, December 2023, July 2024, and January 2025. There was no evidence of smoke detector testing for the remaining months of 2023, 2024, and February and March of 2025. On 04/30/2025, at 12:55 PM, Surveyor interviewed Licensee A. Licensee A reported s/he	M 336		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014867	A. BUILDING: _____ B. WING _____	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAYMOND JOHN AND STEPHEN LLOYD LLC	5500 41ST STREET KENOSHA, WI 53144

(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 336	Continued From page 3 tested smoke detectors every 6 months. Licensee A reported s/he was unaware of the requirement for monthly testing.	M 336		
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 2 of 2 residents were provided a safe environment to live. The dryer vent consisted of a flexible type of material. Findings include: On 04/30/2025, at 1:00 PM, Surveyor toured the home with Licensee A. Surveyor observed the dryer vent. The dryer vent had approximately 2 feet of flexible type venting. On 04/30/2025, at 1:05 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was unaware of the concerns regarding the dryer vent. Licensee A was unable to provide evidence of the requirements to utilize a flexible venting for	M 570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014867	A. BUILDING: _____ B. WING _____	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAYMOND JOHN AND STEPHEN LLOYD LLC	5500 41ST STREET KENOSHA, WI 53144

(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 570	Continued From page 4 the dryer.	M 570		