STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015129	A. BUILDING: _____ B. WING _____	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DURAND ADULT FAMILY HOME II LLC	6437 DURAND AVENUE RACINE, WI 53406

(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 03/27/2025, Surveyor completed a standard survey at Durand AFH II in Mount Pleasant. Five deficiencies were identified. Census: 4	M 000		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure all exits were ramped to grade with a hard surfaced pathway for 2 of 2 exterior exits. The front and side exit of the home were not ramped to grade. The front ramp did not have handrails.	M 262		

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

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M 262	Continued From page 1 Findings include: This facility was licensed on 08/05/2014 to serve up to 4 residents who may have mobility issues. On 03/27/2025, at 9:45 AM, Surveyor observed the following: -North facing front exit of the home. The transition from ramp to driveway was constructed of cement which had worn away, leaving an area of approximately 6 inches with a 2-inch drop. The ramp was approximately 15 feet long and had no handrails. -East facing side exit wrapped around the southern side of the home transitioning onto the back driveway. The ramp ended abruptly creating a 2-inch drop across the 36-inch width of the ramp. -Surveyor observed 3 of 4 residents utilized a wheelchair for mobility. A review of the Emergency Exit Plan identified both ramps as exit pathways in the event of an emergency. On 03/27/2025, at 12:14 PM, Surveyor interviewed Administrator A regarding the requirement for transition to grade at the bottom of the ramps and handrails. Administrator A did not know how long the cement had been missing on front ramp and was unsure if the back ramp had ever had a transition strip. Administrator A reported they would obtain handrails.	M 262		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment.	M 276		

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M 276	Continued From page 2	M 276		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure the home was well-maintained, clean, and a homelike environment for 4 of 4 residents (Residents 1, 2, 3, and 4) residing in the home. The kitchen, front room, resident bedrooms and basement required cleaning and/or repairs.

Findings include:

On 03/27/2025, from 10:30 AM until 11:00 AM, Surveyor toured the home and observed the following:

Kitchen:
-Eight of 8 cupboard doors appeared to be coated in a substance consistent with a dirt and grease accumulation and were sticky to the touch.
-The refrigerator door did not have a handle. The inside of the refrigerator door was missing the plastic guard rails.
-The window above the kitchen sink had approximately 1/8th inch of a sticky substance consistent with dust and dirt build up along the windowsill and inside the window slides.

Front Room:
-Northeast corner of the north facing window was pulling away from the window frame. It was discolored and warped, possibly water damaged.
-The north and west facing windows had a dark gray substance consistent with dirt and dust accumulation in the window slides.

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M 276	Continued From page 3 Resident bedrooms: -Six of 6 resident windows had approximately 1/8th inch of a sticky substance consistent with dust and dirt build up along the windowsill and inside the window slides. Basement: -The north room was cluttered with boxes of unused resident supplies. There were approximately 100 boxes covering an area approximately 15 feet wide by 10 feet deep. The boxes were directly on the concrete floor stacked up to the basement ceiling. On 03/27/2025, at 12:25 PM, Surveyor interviewed Administrator A regarding routine household maintenance. Administrator A confirmed the need to deep clean the kitchen and windowsills. They also reported they would address the excess boxes being stored in the basement.	M 276		
M 298	88.05(3)(g) WINDOWS AND VENTILATION The home shall have ventilation for health and comfort. There shall be at least one window which is capable of being opened to the outside in each resident sleeping room and each common room used by residents. Windows used for ventilation shall be screened during appropriate seasons of the year. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 4 residents' bedrooms had at least 1 screened window which was capable of	M 298		

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M 298	Continued From page 4 being opened to the outside. Resident 1's and Resident 4's rooms did not have window screens. Findings include: On 03/27/2025, from 10:30 AM until 11:00 AM, Surveyor toured the home and observed the following: -Resident 1's first-floor bedroom had a north facing window which did not have a screen. -Resident 3's first-floor bedroom had a south facing window which did not have a screen. On 03/27/2025, at 12:25 PM, Surveyor interviewed Administrator A who reported s/he was not aware of the missing screens but would have them installed.	M 298		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement.	M 334		

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M 334	Continued From page 5 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 3 of 10 required locations in the home contained working smoke detectors. There was no smoke detector in the enclosed stairway leading to the basement. A storage room on the east side of the basement level, was not equipped with a smoke detector. The storage room leading into the furnace room had a smoke detector without a battery. Findings include: On 03/27/2025, from 10:30 AM until 11:00 AM, Surveyor toured the home and observed the following: - There was no smoke detector in the enclosed stairway leading to the basement. - A storage room on the southeast side of the basement, approximately 10 feet wide by 10 feet long, was not equipped with a smoke detector. - The storage room leading to the furnace room had a smoke detector without a battery. On 03/27/2025, at 12:25 PM, Surveyor interviewed Administrator A and asked if there was a system in place to ensure all smoke detectors were working. They reported they were not sure why the smoke detectors in the basement were not working but would have them fixed as soon as possible.	M 334		
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	M 336		

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M 336	Continued From page 6 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 smoke detectors were tested monthly for 3 of 10 smoke detectors. There was no documentation of monthly smoke detector testing for 3 required smoke detectors at the basement level of the home for 2023, 2024, and to date in 2025. Findings include: On 03/28/2025, Surveyor reviewed facility safety reports. Documentation of smoke detector testing did not include the home's basement level. On 03/28/2025 at 3:36 PM Surveyor sent an e-mail to Administrator A and asked why the basement level smoke detectors were not included in facility's monthly checks. As of 03/31/2025 at 12:00 PM, Administrator A had not responded.	M 336		