Wisconsin Department of Health Services

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 _____	R 02/26/2026

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 02/26/2026, Surveyor conducted a verification visit at Durand Adult Family Home II LLC. As a result, 4 of the previous deficiencies were corrected, and 1 deficiency was recited. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 4	{M 000}		
{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: 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 residing in the home. The kitchen and living room required cleaning and/or repairs. This is a repeat deficiency. See Statement of Deficiency H1D911, dated 03/27/2025. Findings include: On 02/26/2026, at 10:15 AM, Surveyor toured the home and observed the following: Kitchen	{M 276}		

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
	0015129	A. BUILDING: _____ B. WING _____	R 02/26/2026

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 276}	Continued From page 1 - The oven hood vent was coated in a substance consistent with dirt and grease accumulation - The ceiling above the stove was coated in a black substance consistent with smoke stains - The refrigerator door did not have a handle and had 2 exposed screws - One cabinet drawer was missing - The vinyl countertop on the east was peeling away - The latex between the sink and countertop was cracked around the entire sink and coated in a substance consistent with dirt. Living Room: - The northeast corner of the north facing window was pulling away from the window frame. It was discolored and warped, possibly water damaged. - The west facing window blinds were covered in substance consistent with dust. On 02/26/2026, at 10:30 AM, Surveyor interviewed Caregiver B and House Manager E regarding routine household maintenance. Caregiver B reported s/he notified the previous house manager the living room window and kitchen required repairs and cleaning. House Manager E confirmed the kitchen needed repairs and cleaning. House Manager E contacted maintenance and confirmed the repairs and cleaning would be completed.	{M 276}		