STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019266	A. BUILDING: _____ B. WING _____	C 06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORELL MANOR LLC	**6429 DURAND AVE MOUNT PLEASANT, 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 06/30/2025, Surveyor conducted a complaint investigation, at Morell Manor LLC, an Adult Family Home (AFH) in Racine, WI. One deficiency identified. Complaint unsubstantiated. Census: 2	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, record review, and interview, the provider did not ensure there were	M 262		

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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M 262	Continued From page 1 two ramped exits to grade from the facility for 1 of 1 resident (Resident 1) who had difficulty walking. Findings include: On 06/30/2025, at approximately 10:00 AM, Surveyor toured the facility and observed the following: - This facility is a 2-bedroom half brick sided ranch home. -The front exit had 1 step to maneuver to get to ground level sidewalk -The back exit had 1 step to maneuver to get to ground level sidewalk. On 06/30/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 08/29/2024. -Resident 1's individual service plan, dated 03/01/2025, stated the following: "Ambulation: Able to walk only with supervision or assistance of another person at all times." On 06/30/2025, at approximately 9:24 AM, Surveyor interviewed Caregiver B. Caregiver B stated Resident 1 requires assistance from staff to safely ambulate. Caregiver B stated Resident 1 requires staff to hold onto him/her while ambulating. On 06/30/2025, at approximately 10:13 AM, Surveyor interviewed Licensee A. Licensee A stated Resident 1 was able to walk only with supervision or assistance of another person.	M 262		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 262	Continued From page 2 Licensee A confirmed the home did not have ramped exits to grade from the facility for Resident 1 who had difficulty walking. Licensee A stated s/he was not aware of the requirement that if a resident is able to walk only with difficulty the exits from the home shall be ramped to grade with a hard surfaced pathway with handrails.	M 262		