STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017125	A. BUILDING: _____ B. WING _____	C 08/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COZY AURORA ADULT FAMILY HOME LLC	2719 MARYLAND AVE RACINE, WI 53403

(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 08/27/2026, Surveyor completed a complaint and standard survey at Cozy Aurora Adult Family Home LLC. As a result, 8 deficiencies were identified. Two of the 8 deficiencies were repeat violations. (see Statements of Deficiency (SOD) DOTQ11, dated 08/02/2022 and SOD T4PI11, dated 06/17/2024). 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, cleaned and provided a homelike environment for 4 of 4 residents. The resident bathroom required maintenance, light fixtures throughout the home needed cleaning and/or maintenance, black marks were observed on the walls throughout the home, peeling paint was observed throughout the home, kitchen cabinets needed repair or to be replaced, and black substance was observed on the floor throughout the home. This is a repeat deficiency. See Statement of	M 276		

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

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M 276	Continued From page 1 Deficiency (SOD) T4PI11, dated 06/17/2024. Findings include: On 08/25/2026 at approximately 11:07 AM, Surveyor completed an onsite tour with Administrator A. The following was observed: Living room: The living room contained 1 ceiling fan with 5 blades and three light fixtures. Five of 5 blades contained debris consistent with dust that was wrapped from the top of the blade towards the bottom of the blade. Two of the 3 light fixtures did not have a working light bulb. A light fixture near the front door consisted of debris consistent with dust on the top of the fixture. Resident Bathroom The ceiling light fixture with fan was hanging off the ceiling exposing the metal duct work. The toilet commode was metal. Surveyor observed the toilet commode was rusting as the metal was red and not silver. The trim around the door contained black marks consistent with marks left by a wheelchair. One tile near the door was chipped and missing a piece of the tile. The floor vent was turning brown in color consistent with being rusted. The walls across from the toilet consisted of black marks and paint peeling near the bottom of the wall. The black marks were consistent with a wheelchair rubbing up against the wall. Kitchen: The kitchen consisted of 1 side by side white refrigerator. The front of the refrigerator had red	M 276		

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M 276	Continued From page 2	M 276		

marks consistent with rust. The vent at the bottom of the refrigerator was caked with debris consistent with dust. The refrigerator appeared to have spilled content as Surveyor observed streaks on the front of the refrigerator. Behind the kitchen table, Surveyor observed black marks and paint peeling in the middle of the wall. A kitchen drawer was missing near the kitchen sink. A cabinet near the kitchen sink could not close. A kitchen cabinet next to the stove could not close. The range hood was originally white, but due to buildup of dust and grease, the bottom of the range hood was yellow. The wall near the garbage contained splatter marks.

The hallway leading from the living room to the kitchen consisted of a thick, black substance. The black substance was sticky to the touch and appeared to be consistent with a build-up of dirt.

The hallway leading to resident bedrooms and resident bathroom contained a vent that was detaching from the wall. The walls in the hallway contained peeling paint and black marks near the bottom of the walls, which were consistent with a wheelchair rubbing up against the walls.

Resident 1's bedroom:

Resident 1's bedroom contained 1 ceiling fan with 3 blades. One blade was missing. The ceiling fan had what appeared to be a shoestring hanging from the ceiling fan to turn the fan on and off. Resident 1's door trim was missing. Resident 1's bedroom also had a sticky fly ribbon hanging near his/her bedroom door.

On 08/25/2026 at approximately 1:00 PM, Surveyor interviewed Administrator A. Administrator A acknowledged the above

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M 276	Continued From page 3 concerns. Administrator A reported being in conversation with Licensee B about the need to replace or fix items within the adult family home. Administrator A stated he/she would inform Licensee B again about the above items that need to be addressed.	M 276		
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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure smoke detectors were in 2 of 7 required locations. The living room and Resident 2's bedroom did not contain a smoke detector. Findings include: On 08/25/2026 at approximately 11:07 AM, Surveyor toured the facility with Administrator A. During the tour, Surveyor did not observe a	M 334		

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M 334	Continued From page 4 smoke detector in the living room or Resident 2's bedroom. On 08/25/2026 at 11:07 AM, Surveyor interviewed Administrator A. Administrator A could not state why either smoke detector was not on the ceiling. Administrator A reported replacing all smoke detectors earlier this year. As Surveyor continued with the tour, Administrator A and facility staff continued to look for the smoke detector. The living room smoke detector was located and placed on the ceiling, however, the smoke detector continued to make a chirping sound. The smoke detector for Resident 2 was not located. Administrator A stated he/she would ensure all missing smoke detectors would be replaced and ensure all smoke detectors are in working order.	M 334		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an admission agreement	M 384		

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M 384	Continued From page 5 was signed, prior to admission, by the resident or resident's legal guardian for 2 of 2 residents (Resident 2 and Resident 3) reviewed. Resident 2's admission agreement was not signed by his/her legal guardian. Resident 3's admission agreement was signed 15 days after his/her admission. Findings include: On 08/25/2026 at approximately 11:45 AM, Surveyor reviewed resident records. The following was identified: Resident 2 was admitted to the adult family home on 05/24/2024. Resident 2's record indicated Resident 2 had a legal guardian. Resident 2's admission agreement did not contain a signature from Resident 2's legal guardian. Resident 3 was admitted to the adult family home on 05/23/2024. Resident 3's record indicated Resident 3 had a legal guardian. Resident 3's admission agreement was signed and dated on 06/07/2024, which is 15 days after Resident 3 was admitted into the adult family home. On 08/25/2026 at approximately 1:00 PM, Surveyor interviewed Administrator A. Administrator A could not state why Resident 2 did not have a signed admission agreement or why Resident 3's admission agreement was signed after his/her admission as Administrator A was not the administrator at the time of their admission. Administrator A stated he/she would work on ensuring Resident 2 had a signed admission agreement.	M 384		

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M 402	Continued From page 6	M 402		
M 402	88.06(2)(c)8 RESIDENT RIGHTS AND GRIEVANCE A statement indicating that the resident rights and grievance procedures have been explained and copies provided to the resident and the resident's guardian or designated representative, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents who were admitted to the home had a statement indicating resident rights and grievance procedures had been explained and copies provided to the resident for 1 (Resident 2) of 2 residents reviewed. Findings include: On 08/25/2026 at approximately 11:45 AM, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the adult family home on 05/24/2024. Resident 2's record indicated Resident 2 had a legal guardian. Resident 2's file included a document that contained information for resident rights and the facility's grievance procedure. Within that document, there was a statement that indicated resident rights and the facility's grievance procedure was provided and explained, however, the document was not signed by Resident 2's legal guardian. On 08/25/2026 at approximately 1:00 PM, Surveyor interviewed Administrator A. Administrator A could not state why Resident 2's legal guardian did not contain a signed statement stating he/she was informed of resident rights and/or the facility's grievance procedure.	M 402		

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M 402	Continued From page 7 Administrator A stated he/she would work on ensuring Resident 2's legal guardian was informed of resident rights and the facility's grievance procedure.	M 402		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each residents' Individual Service Plans (ISPs) was signed by the designated representative and managed care organization (MCO) care management teams indicating involvement with the development of the plans for 1 (Resident 2) of 2 residents reviewed. Resident 2's ISP was not signed by his/her legal guardian and/or case management team. Findings include: On 08/25/2026 at approximately 11:45 AM, Surveyor reviewed Resident 2's record. Resident	M 406		

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M 406	Continued From page 8 2 was admitted to the adult family home on 05/24/2024. Resident 2's record indicated Resident 2 had a guardian and an MCO care management team. Resident 2's ISP, dated 02/01/2026, did not contain signatures from Resident 2's legal guardian, or Resident 2's MCO care management team. On 08/25/2026 at approximately 1:00 PM, Surveyor interviewed Administrator A. Administrator A confirmed Resident 2's ISP, dated 02/01/2026 did not contain signatures from Resident 2's legal guardian or Resident 2's MCO care management team. Administrator A did not provide a reason as Administrator A could not recall meeting with Resident 2's legal guardian and/or MCO care management team in February 2026. Administrator A reported he/she is responsible for ensuring each ISP contained the appropriate signatures.	M 406		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested	M 424		

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M 424	Continued From page 9 by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not update Resident 2's Individual Service Plan (ISP) when an outside agency began providing services to Resident 2. Findings include: On 08/25/2026 at approximately 11:30 AM, Surveyor observed a nurse coming into the adult family home for Resident 2. On 08/25/2026 at approximately 11:45 AM, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the adult family home on 05/24/2024. Resident 2's record contained 4 ISPs. The dates of the ISPs were 02/13/2025, 08/15/2025, 02/01/2026, and 08/11/2026. None of the ISPs indicated why the nurse was in the adult family home for Resident 2. On 08/26/2026 at approximately 4:02 PM, Surveyor interviewed Home Care Nurse C. Home Care Nurse C stated he/she provides catheter care and wound care for Resident 2. Home Care Nurse C disclosed he/she visits the home between 2-5 times a week for catheter care, wound care, and changes Resident 2's catheter once a month. Home Care Nurse C stated he/she has been providing services for Resident 2 since Resident 2's admission into the adult family home.	M 424		

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M 424	Continued From page 10 On 08/25/2026 at approximately 1:00 PM, Surveyor interviewed Administrator A. Administrator A reported Home Care Nurse C provides catheter care and wound care for Resident 2. Administrator A confirmed Resident 2's ISP did not reflect the services Home Care Nurse C provided, nor did it reflect that Resident 2 had a catheter. Administrator A reported being responsible for developing and updating ISPs. Administrator A did not provide a reason as to why Resident 2's ISP did not reflect the services Home Care Nurse C provided.	M 424		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure services specified in resident individual service plans (ISPs) were provided for 1 (Resident 2) of 2 residents reviewed. Resident 2 was not provided with the required assistance that was needed to change his/her incontinent product. Findings include: On 01/22/2026, the Department received a	M 436		

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M 436	Continued From page 11	M 436		

complaint alleging neglect to a resident.

On 08/25/2026 at approximately 11:45 AM, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the adult family home on 05/24/2024. Resident 2's ISP, dated 08/11/2026, indicated Resident 2 required hands-on assistance with changing his/her incontinent product.

On 08/25/2026 at approximately 1:00 PM, Surveyor interviewed Administrator A. Administrator A reported in January 2026, Administrator A received a phone call stating Resident 2 was found to have a strong odor, consistent with urine, and Resident 2's clothing and bedding were "stuck" to Resident 2's body. Administrator A immediately investigated the concern and found that the third shift caregiver did not change Resident 2 as specified in Resident 2's ISP. Administrator A reported the caregiver was terminated, and interventions were put into place. Administrator A denied the investigation was documented or that an incident report was created. Administrator A reported all communication was done verbally with Home Care Nurse C and Resident 2's legal guardian.

On 08/26/2026 at approximately 4:02 PM, Surveyor interviewed Home Care Nurse C. Home Care Nurse C confirmed Resident 2 was found to have a strong odor, consistent with urine, and Resident 2's clothing and bedding were "stuck" to Resident 2's body. Home Care Nurse C acknowledged interventions were put into place, but at times, Resident 2 was observed to have the same incontinent brief he/she placed on Resident 2 from the day prior. Home Care Nurse C disclosed when Resident 2 is observed to have the same incontinent brief he/she placed

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M 436	Continued From page 12 on Resident 2, Home Care Nurse C would communicate the concerns to Administrator A as well as provide additional education to the caregiver on duty.	M 436		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure every prescription medication was securely stored, and prescriptions were stored as specified by the pharmacist or the manufacturer for 1 (Resident 4) of 4 residents. The adult family home's medication box, located in the refrigerator, was not locked. Resident 4's in-use insulin pen was not dated with an open date or stored as specified by the pharmacist. This is a repeat deficiency. See Statement of Deficiency (SOD) DOTQ11, dated 08/02/2022.	M 458		

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M 458	Continued From page 13 Findings include: This facility was licensed on 07/25/2018 to serve up to 4 non-ambulatory residents in the client groups of developmentally disabled, irreversible dementia/Alzheimer's, physically disabled, advanced aged, and emotionally disturbed/mental illness. On 08/25/2026 at approximately 11:07 AM, Surveyor toured the adult family home (AFH). Surveyor observed a side-by-side refrigerator located in the kitchen. Within the refrigerator, Surveyor observed a black lock box. Surveyor was able to open the lock box without the use of a key. Within the lock box contained 3 in-use insulin pens, and 1 box of unopened insulin pens. In addition, Surveyor observed no open date on 3 of 3 in-use insulin pens. The manufacturers packaging indicated the in-use insulin pen should be discarded after 28 days. Lastly, the manufacturer's packaging stated, "Keep in Refrigerator ...Store unopened pens refrigerated at 36 degrees Fahrenheit to 46 degrees Fahrenheit in the original carton to protect from light until expiration date or first use ...After first use, store used pen at room temperature, discard after 28 days ..." On 08/25/2026 at approximately 1:00 PM, Surveyor interviewed Administrator A. Administrator A confirmed there was a black lock box located in the refrigerator that contained insulin pens. Administrator A was not aware that in-use insulin pens were to be stored at room temperature. Administrator A could not confirm when the insulin pens were opened and if they were opened within 28 days. Administrator A stated he/she would provide additional education to the staff regarding the storage of insulin pens	M 458		

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M 458	Continued From page 14 and dating the in-use insulin pens with open dates.	M 458		