STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019353	A. BUILDING: _____ B. WING _____	C 04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSE OF HOPE ADULT FAMILY HOME	1515 OHIO STREET RACINE, WI 53405

(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 04/09/2025, Surveyor completed a standard survey and complaint investigation at House of Hope Adult Family Home. As a result, 3 deficiencies were identified. The complaint was unsubstantiated. Census : 2	M 000		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 staff received 15 hours of training related to health safety and welfare, resident rights, first aid and fire safety, and treatment appropriate to residents prior to or within 6 months of starting to provide cares. Caregiver B did not receive training in health safety and welfare, resident rights, first aid and fire safety, and treatment appropriate to residents. Findings include:	M 244		

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

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M 244	Continued From page 1 On 04/09/2025, at approximately 10:00 AM, Surveyor reviewed staff records and identified the following: Caregiver B was hired on 02/09/2024. Caregiver B's record did not contain evidence of training in health safety and welfare, first aid and fire safety, and treatment appropriate to residents prior to or within 6 months of starting to provide cares. On 04/09/2025, at 12:15 PM, Surveyor interviewed Licensee A. Licensee A reported s/he thought Caregiver B completed the training, and s/he could not locate the training completion certificate for Caregiver B. Licensee A reported s/he was aware of the initial training requirement.	M 244		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a statement of agreement with the Individual Service Plan (ISP) was dated and signed by all persons involved in developing the plan for 2 of 2 residents (Resident 1 and Resident 2). Findings include: On 04/09/2025, at approximately 10:00 AM, Surveyors reviewed resident records and identified the following:	M 420		

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M 420	Continued From page 2 Resident 1 was admitted on 01/16/2025. Resident 1's ISP was dated 01/09/2025. Resident 1's face sheet identified Resident 1 had a managed care organization (MCO) case management team. Resident 1 was his/her own person. Resident 1's ISP did not contain signatures from Licensee A, Resident 1 or the managed care case management team. Resident 2 was admitted on 12/04/2024. Resident 2's ISP was dated 12/04/2024. Resident 2's face sheet identified Resident 2 had a managed care organization (MCO) case management team. Resident 2 was his/her own person. Resident 2's ISP did not contain signatures from Licensee A, Resident 2, or the managed care case management team. On 04/09/2025, at 12:15 PM, Surveyor interviewed Licensee A. Licensee A confirmed resident's individual service plans needed to be signed by all parties in agreement with the plan. Licensee A reported s/he was unsure why Resident 1's and Resident 2's ISPs were not signed by all parties involved. Licensee A reported s/he would ensure all ISPs were signed by all parties.	M 420		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under	M 464		

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M 464	Continued From page 3 what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a written order from the physician who prescribed medications to the resident, stating who can administer the medications for 1 of 2 residents. Resident 1's records did not contain a written order identifying who could administer medications. Findings include: On 04/09/2025, at approximately 10:00 AM, Surveyor reviewed resident records and identified the following: -Resident 1 was admitted on 01/16/2025 with diagnoses including low back pain and high blood pressure. Resident 1's record did not include a physician's order stating who could administer Resident 1's medications. On 04/09/2025, at 12:15 PM, Surveyor interviewed Licensee A. Licensee A confirmed the requirement to have a written order indicating who can pass resident prescription medications. Licensee A confirmed Resident1 required assistance administering medications. Licensee A reported s/he thought Resident 1's authorization to administer medication was in Resident 1's file. Licensee A could not locate Resident 1's authorization to dispense medication form. Licensee A reported s/he had Resident 1's signed authorization but was unsure of where it was.	M 464		

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