STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013920	A. BUILDING: _____ B. WING _____	R-C 08/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESTINY AFH LLC IV	**2301 ROMAYNE RACINE, WI 53404**

(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 07/30/2025, with information gathered through 08/01/2025, Surveyor conducted a standard licensure survey and a verification visit at Destiny AFH LLC IV. One deficiency was identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
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 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 ensure the individual service plan (ISP) was updated to reflect the change in needs for 1 of 2 residents reviewed.	M 424		

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 424	Continued From page 1 Resident 2's ISP did not reflect guidelines regarding his/her use of prescribed oxygen. Findings include: On 07/29/2025, at approximately 2:05 PM, Surveyor toured the home and observed Resident 2's room. Resident 2 had an oxygen concentrator that was not turned on and the oxygen tubing, along with Resident 2's nasal cannula, were lying on the floor. On 07/29/2025, at approximately 2:20 PM, Surveyor interviewed Resident 2. Surveyor asked if Resident 2 utilized his/her oxygen. Resident 2 stated, "Yeah, I do, quite a bit." On 07/29/2025, Surveyor reviewed Resident 2's record. Resident 2 moved into the home 11/01/2022. Resident 2's ISP, dated 06/01/2025, documented: "Smoker: Haven't been smoking since oxygen but still wants too. 07/24/2025." "Nursing Procedures: Uses oxygen as needed." On 07/29/2025, at approximately 2:45 PM, Surveyor interviewed Administrator B and Caregiver D. Surveyor asked for a copy of Resident 2's physician order regarding his/her oxygen. Caregiver D proceeded to look through Resident 2's record and was unable to locate it. Administrator B stated Resident 2 did not always comply with utilizing his/her oxygen. Surveyor and Administrator B reviewed Resident 2's ISP which did not identify that Resident 2 refused his/her oxygen and what guidelines staff were to follow when monitoring Resident 2's oxygen.	M 424		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013920	A. BUILDING: _____ B. WING _____	R-C 08/01/2025

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M 424	Continued From page 2 Surveyor stated s/he would give them additional time to submit the document. On 07/30/2025 at 7:45 AM, Surveyor emailed Licensee C and requested a copy of Resident 2's physician order for his/her oxygen. On 08/01/2025 at 1:34 PM, Licensee C emailed Surveyor Resident 2's "Home Oxygen Evaluation," which stated: "Date of Evaluation: 08/06/2024. Time of Evaluation: 1620 (4:20 PM). Evaluation Results: O2 (oxygen) Saturation on room air at rest: 90 %, O2 Saturation on room air with activity: 86 %, O2 Saturation on O2 at rest: 94 % Liter Flow: 2 LPM, O2 Saturation on O2 with activity: 92 % Liter Flow: 2 LPM. Recommendations: Pt will require 2 lpm (liters per minute) with rest and activity. Please keep [Resident 2] on 2 L (liters) nasal cannula at all times."	M 424		