STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017042	A. BUILDING: _____ B. WING _____	C 01/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINZIE WAY LLC	3900 KNOLL PLACE 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 01/16/2026, Surveyor completed a standard survey and 1 complaint investigation at Kinzie Way LLC. As a result, 3 deficiencies were identified. Two of the 3 deficiencies were repeat deficiencies. One complaint was substantiated. Census: 3	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 a safe, clean, and well-maintained homelike environment for 3 of 3 residents in the home. The living room, hallway, kitchen, bedroom, and bathroom needed cleaning and maintenance. This is a repeat deficiency. See Statement of Deficiency (SOD) VTOB11, dated, 07/13/2022. Findings include: On 01/09/2026, at approximately 11:00 AM, Surveyor toured the facility and observed the following: Kitchen:	M 276		

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

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M 276	Continued From page 1	M 276		

-The kitchen sink faucet contained a leak as water sprayed from the faucet seam.
-The kitchen cabinet under the sink contained a dark black substance similar to mold. The entire floor of the cabinet was wet and soggy to the touch.
-The blinds above the kitchen window was full of a dark sticky matter similar to grease and dust.

Living Room:
-The living room vinyl flooring contained tears. The flooring was lifted at the entry door and around the television stand area.
-The vent located by the tv stand was full of a dark grey matter similar to dust.

Hallway:
-The vinyl flooring was lifted and contained tears throughout the hallway.
-The hallway contained bent floor transition strips in the middle of the hallway.
-The vent in the hallway was covered in a grey matter similar to dust.

Bathroom:
-The bathroom doorway contained two transition strips. The transition strips were bent upward.
-The trim around the bathroom door was full of dark black markings.
-The vent in the bathroom ceiling was full of a grey substance similar to dust.
-The vent in the bathroom wall was brown in color similar to rust.

Bedroom:
-Resident's 1 bedroom contained cobwebs in the upper righthand corner of the ceiling.
-The vent in the bedroom was full of a grey like matter similar to dust.
-The vinyl flooring behind the bed was lifting up.

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M 276	Continued From page 2 On 01/09/2026, at approximately 11:30 AM, Surveyor interviewed Licensee A. Licensee A did not have an explanation as to why the condition of the home was not clean and well maintained. Licensee A reported s/he would correct the identified issues.	M 276		
M 480	88.08 TERMINATION OF PLACEMENT TERMINATION OF PLACEMENT. A licensee may terminate a resident's placement only after giving the resident, the resident's guardian, if any, the resident's service coordinator, the placing agency, if any and the designated representative, if any, 30 days written notice. The termination of a placement shall be consistent with the service agreement under s. HSS 88.06(2)(c)7. The 30 day notice is not required for an emergency termination necessary to prevent harm to the resident or the other household members. This Rule is not met as evidenced by: Based on record review and interview the provider did not provide 1 of 3 residents' (Resident 1) and/or their guardians with a written 30-day notice of termination of placement at the facility, including conditions for discharge and the assistance the licensee would provide in relocating the resident. Resident 1 was not allowed to return to the facility after being hospitalized. Findings include:	M 480		

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M 480	Continued From page 3 The department received a complaint on 10/23/2025, alleging Resident 1 remained at the hospital due to needing alternate placement for continued care. On 01/13/2026, at approximately 9:00AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 12/12/2019. Resident 1 had diagnoses of type II diabetes mellitus, essential hypertension, expressive aphasia, peripheral vascular disease, and acute respiratory pneumonia. Resident 1 had a guardian. Resident 1's record did not contain evidence of a 30-day notice of termination of placement at the facility. On 01/16/2026, at approximately 2:00 PM, Surveyor interviewed Licensee A. Licensee A reported Resident 1 went to the hospital on 10/13/2025. Licensee A reported on or around 10/17/2025 s/he was asked by the hospital social worker if Resident 1 could return to the facility. Licensee A reported s/he did not allow Resident 1 to return to the facility. Licensee A reported s/he believed s/he was unable to meet the needs of Resident 1's family when it came to Resident 1's daily cares although Resident 1 was placed on hospice services. Licensee A reported s/he did not give Resident 1's guardian or managed care organization a 30 day notice of termination of placement at the facility.	M 480		
M 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent	M 482		

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M 482	Continued From page 4 unauthorized access. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 3 of 3 (Residents 1, Resident 2 and Resident 3) residents' records were maintained in a secure location within the home. Resident 1,'s Resident 2's and Resident 3's records were kept offsite. This is a repeat deficiency. See Statement of Deficiency (SOD) VTOB11, dated 07/13/2022. Findings include: On 01/09/2026, at approximately 10:15 AM, Surveyor observed there were no resident records in the facility. On 01/09/2026, at approximately 10:30 AM, Surveyor interviewed Licensee A regarding resident records being kept in the facility. Licensee A reported s/he had issues with resident documents missing after the records were placed in the facility. Licensee A reported s/he was aware of the code requirement for resident records were to remain onsite. Licensee A reported s/he would create a plan to ensure resident records are secured and remained onsite.	M 482		