STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018852	A. BUILDING: _____ B. WING _____	R-C 06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A+ JUST LIKE FAMILY AFH	2611 VIRGINIA ST RACINE, 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 06/15/2026, Surveyor conducted a complaint investigation, standard survey and verification visit at A+ Just Like Family AFH. One of 1 complaint was substantiated. One deficiency was identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 580	88.10(3)(p) Prompt and Adequate Treatment Prompt and adequate treatment. To receive prompt and adequate treatment and services appropriate to the resident's needs. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 1 of 1 resident (Resident 2) received prompt and adequate treatment. Resident 2 had boiling water spilled on him/her and was not sent out for evaluation and treatment for an hour and a half. Findings include: On 03/16/2026, the Department received a complaint alleging a resident did not receive timely treatment for a burn. On 06/15/2026, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 01/27/2024, with diagnoses including obesity, depression, and intellectual disabilities. On 06/15/2026, Surveyor reviewed self-report	M 580		

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 580	Continued From page 1	M 580		

submitted on 03/05/2026. Per the self-report, another resident had asked for coffee. Licensee A put coffee into a cup and poured water into the cup. Resident 2 and another resident also sat down at the table. The other resident quickly reached over to grab some food and hit the pot of hot water into Resident 2's lap. Licensee A took Resident 2 into a bathroom and removed wet clothing. Resident 2 did not seem to be in pain and legs looked okay. Licensee checked them again 15 minutes later and their lap looked red and was peeling on both sides.

On 06/15/2026, Surveyor reviewed Resident 2's hospital summary from the incident. On 03/05/2026, Resident 2 was treated for burns and returned to the facility. On 03/06/2026, Resident 2 was sent to the burn center and was admitted for treatment.

On 06/15/2026 at approximately 9:30 AM, Surveyors called licensee A. Licensee A stated s/he was about to head out of town and Caregiver D would be able to answer any questions.

On 06/15/2026 at approximately 9:30 AM, Surveyors interviewed Caregiver D. Caregiver D stated that s/he had come into work at approximately 8:00 AM and was told that Resident 2 had boiling water spill on him/her while Licensee A had stepped away from the table for a few minutes at approximately 7:00 AM. Per Caregiver D, Licensee A had not called 911 for resident to be taken into the hospital but had decided to wait for Caregiver D and have Caregiver D take the resident in.

Surveyor made 2 attempts to interview Licensee A on 06/15/2026 and on 06/18/2026, Surveyor left a message each time for licensee to call Surveyor

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A+ JUST LIKE FAMILY AFH	**2611 VIRGINIA ST RACINE, WI 53406**

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M 580	Continued From page 2 back. As of 06/29/2026 no callback was received.	M 580		