STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017529	A. BUILDING: _____ B. WING _____	07/26/2025

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OUR CARING HANDS LLC	934 43RD ST KENOSHA, WI 53140

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M 000	INITIAL COMMENTS On 07/24/2025, with information gathered through 07/26/2025, Surveyor conducted a standard licensure survey at Our Caring Hands LLC. Eleven deficiencies were identified. Census: 2	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50,	M 114		

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

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M 114	Continued From page 1 Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 personnel files reviewed included a complete background check as required. The Background Information Disclosure (BID) form, a report from the Department of Justice (DOJ) criminal record and the Integrated Background Information System Letter (IBIS) were not completed upon hire and every four years for 3 of 3 caregivers reviewed. Caregiver B's and Caregiver D's record did not contain a BID, DOJ or an IBIS upon hire. Caregiver C's record did not contain a BID, DOJ or an IBIS every 4 years. Findings include: On 07/24/2025, Surveyor and Licensee A reviewed Caregiver B's, Caregiver C's and Caregiver D's record. Caregiver B had a hire date of 08/2024. Caregiver B's record did not contain a BID, DOJ or an IBIS. Caregiver C had a hire date of 12/2020. Caregiver C's record contained a DOJ and an IBIS, dated 12/11/2020.	M 114		

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M 114	Continued From page 2 Caregiver D had a hire date of 07/2024. Caregiver D's record did not contain a BID, DOJ or an IBIS. On 07/24/2025, at approximately 3:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he had completed a background check on all staff, and s/he would forward the documentation to Surveyor. On 07/25/2025 at 4:38 PM, Licensee A emailed Surveyor and stated s/he was unable to retrieve the documents, so s/he had completed new background checks on the staff today, 07/25/2025.	M 114		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 1 of 1 caregiver (Caregiver C) received at least 8 hours per calendar year of continuing education training related to the health, safety, welfare, rights, and treatment of residents every year, during the calendar years 2023 and 2024.	M 246		

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M 246	Continued From page 3 Findings include: On 07/24/2025, Surveyor and Licensee A reviewed Caregiver C's training record. Caregiver C had a hire date of 12/2020. Caregiver C's record did not contain any continuing education for 2023 and 2024. On 07/24/2025, at approximately 3:00 PM, Surveyor interviewed Licensee A. Licensee A stated Caregiver C had his/her required training, and s/he would forward the documentation to Surveyor. On 07/25/2025 at 4:40 PM, Licensee A forwarded Surveyor supporting documentation for the survey which did not include Caregiver C's 2023 and 2024 continuing education.	M 246		
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's physical environment was safe, well maintained, and appropriate to provide a homelike environment to residents.	M 276		

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M 276	Continued From page 4 Findings include: On 07/24/2025, at approximately 1:00 PM, Surveyor toured the home and observed: Resident bathroom: -An approximate 2-inch circular hole on the wall, behind the door, at the level where the door handle would reach -(3) 1 ½ inch circular holes in the floor in front of the floor vent -Drywall on the walls appeared to be pealing -The shower curtain was hanging with 6 of the 10 available hooks. The shower curtain contained a black substance outlining the bottom of the shower curtain that sits in the tub. -There was no toweling available for residents to dry their hands -The bathroom ceiling vent was covered in a layer of dust. The dust was thick enough that Surveyor could not see the vent area where the area should flow through. -The wall contained gold circular patterns on the white wall where the shower rod had been previously placed. -The plastic window blinds were covered in a layer of a dust like substance -Flooring around the stove had circular gold stains which appeared to be food like substances Kitchen: -Drawers did not sit on tracks making it difficult to open and close drawer -Drawers displayed significant water markings and what appeared to be food spills -Sections of the cabinetry did not have the cupboard door -Linoleum flooring was cracked and raised approximately 4 inches away from the living room	M 276		

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M 276	Continued From page 5 carpeting Laundry/Furnace Room: -Furnace had flammable items stacked against it Common Area: -Wall areas that appeared to be repaired, did not match the coloring of the remaining wall Resident 1's Bedroom: -Bed sheets were rolled up into a ball and pushed between the mattress and the bedframe -Plastic white window blinds had missing slots and contained a dust like substance Resident 2's Bedroom: -Temperature in the room was 91.2 at 1:10 PM. Surveyor interviewed Resident 2, who was in his/her bedroom at this time. Resident 2 stated s/he would prefer the room to be cooler. -Wall, next to Resident 2's bed, had an approximate 6" x 10" hole -The two white pillows on his/her bed did not have pillow coverings and had a brown color appearance On 07/24/2025, at approximately 3:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was looking at a new rental property. Licensee A stated s/he would purchase an air conditioner for Resident 2's room. Licensee A stated s/he would discuss with staff what is required of them in regard to keeping the home clean and assisting residents with activities of daily living (ADLs).	M 276		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the	M 380		

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M 380	Continued From page 6 licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not receive a health examination by a physician and have resident screened for communicable disease, including tuberculosis (TB), within 90 days prior to the admission to the home or within 7 days after admission for 1 of 1 resident record reviewed (Resident 1). Findings include: On 07/24/2025, Surveyor and Licensee A reviewed Resident 1's record. Resident 1 moved into the home 08/11/2023. Resident 1's record did not contain an admission health exam or a communicable disease screen, including TB test. On 07/24/2025, at approximately 3:00 PM, Surveyor interviewed Licensee A. Licensee A stated Resident 1 had an admission exam which included the communicable disease screen and a TB test, and s/he would forward them to Surveyor.	M 380		

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M 380	Continued From page 7 On 07/25/2025 at 4:40 PM, Licensee A emailed Surveyor supporting documentation which did not include Resident 1's admission health exam or a communicable disease screen, including TB test.	M 380		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) records reviewed had an individual service plan (ISP) completed and developed within 30 days after placement. Findings include: On 07/24/2025, Surveyor and Licensee A reviewed Resident 1's record. Resident 1 moved into the home, 08/11/2023, with diagnoses including seizures, schizophrenia and bipolar disorder. Resident 1's record did not contain an ISP. On 07/24/2025, at approximately 3:00 PM, Surveyor interviewed Licensee A. Licensee A stated Resident 1 had an individual service plan, and s/he would forward it to the Surveyor.	M 404		

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M 404	Continued From page 8 On 07/25/2025 at 4:40 PM, Licensee A emailed Surveyor supporting documentation which did not include Resident 1's ISP. Licensee A stated s/he was unable to access the computer where the ISP would have been saved. As of 07/26/2025 at 9:00 AM, Surveyor did not receive any additional documentation.	M 404		
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 record review and interview, the provider did not ensure 2 of 2 residents Individual Service Plans (ISP) were reviewed at least every 6 months and obtain signatures of the appropriate parties to indicate agreement with the resident's	M 424		

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M 424	Continued From page 9	M 424		

ISP. The provider did not ensure the ISP was updated to reflect the change in needs for 1 of 2 residents reviewed.

Resident 1's and Resident 2's ISPs were not reviewed every 6 months.
Resident 2's ISP did not reflect that s/he refused medication administration and was to have an outline of how s/he would assist around the home.

Findings include:

On 07/24/2025, Surveyor and Licensee A reviewed Resident 1's and Resident 2's record.

Example 1: Resident 1

Resident 1 moved into the home, 08/11/2023, with diagnoses including seizures, schizophrenia and bipolar disorder.
Resident 1 was his/her own person and was placed by a managed care organization (MCO).
Resident 1's record did not contain an ISP.

On 07/24/2025, at approximately 3:00 PM, Surveyor interviewed Licensee A. Licensee A stated Resident 1 had a current individual service plan, and s/he would forward it to the Surveyor.

On 07/25/2025 at 4:40 PM, Licensee A emailed Surveyor supporting documentation which did not include Resident 1's ISP. Licensee A stated s/he was unable to access the computer where the ISP would have been saved.

Resident 1's ISP should have been updated approximately in 02/2024, 08/2024 and 02/2025.

As of 07/26/2025 at 9:00 AM, Surveyor did not

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M 424	Continued From page 10 receive any additional documentation. Example 2: Resident 2 moved into the home, 08/20/2021, with diagnoses including seizures, schizophrenia and bipolar disorder. Resident 2 was his/her own person and was placed by an MCO. Resident 2's Medication Administration Records (MARs), dated 06/01/2025 to 07/24/2025, documented: "Divalproex ER (extended release) 500 MG (milligram) tablet - Take one tablet by mouth at 8AM and take two tablets by mouth at 8PM." Documented as refused on 06/04, 06/06, 06/15, 06/16, 06/21, 06/30, 07/04, 07/05, 07/13, 07/14, 07/18, 07/19. Resident 2's "Individualized Plan for Employment (IPE)," dated 12/26/2024, documented: "I will continue to work on my health to be ready for employment by continuing to attend monthly appointments with my therapist, continuing to help around the house, ..." Resident 2's unsigned ISP, dated 06/21/2023, documented: "Medication Management - Not able to remember to take [his/her] medication on a consistent basis." The ISP did not document that s/he regularly refused medication administration and guidelines on how to redirect Resident 2. The ISP did not document guidelines regarding Resident 2's plan to assist around the home. The ISP should have been reviewed in approximately 12/2023, 06/2024, 12/2024, and 06/2025.	M 424		

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M 424	Continued From page 11 On 07/24/2025, at approximately 1:30 PM, Surveyor interviewed Resident 2. Surveyor asked Resident 2 what s/he liked to do around the home. Resident 2 stated s/he would really like to cook, "I love to cook." On 07/24/2025, at approximately 3:00 PM, Surveyor interviewed Licensee A. Surveyor stated there were several ISPs in Resident 2's record prior to 06/2023, but no ISP for 12/2023, 06/2024, 12/2024, or 06/2025. Licensee A stated s/he was in the process of updating the resident files. As of 07/26/2025 at 9:00 AM, Surveyor did not receive any additional documentation.	M 424		
M 448	88.07(2)(b)5 MONITORING HEALTH Monitoring resident health by observing and documenting changes in each resident's health and referring a resident to health care providers when necessary. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not monitor 1 of 1 resident's (Resident 1) health by verifying his/her blood pressure prior to the administration of his/her scheduled Amlodipine. Findings include: On 07/24/2025, at approximately 1:20 AM, Surveyor observed Resident 1's blister card of Amlodipine, with the 07/20/2025 dose remaining,	M 448		

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M 448	Continued From page 12 in the med closet. On 07/24/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home 08/11/2023. Resident 1's Medication Administration Record (MAR), dated 04/01/2025 to 06/02/2025 and 07/01/2025 to 07/24/2025, documented: "Amlodipine 5 MG (milligram) tablet - Take one tablet by mouth at 4 PM, hold if SBP (systolic blood pressure [top number]) < (less than) 110. Start Date: 05/31/2024." The MAR did not document blood pressure results on 04/02, 04/04, 04/06, 04/08, 04/10, 04/12, 04/14, 04/16 to 05/31, 06/05, 06/07, 06/09, 06/11, 06/13, 06/15, 06/17, 06/19, 06/23, 06/27, 06/29, 07/01 to 07/10, 07/12 to 07/23 The MAR did not document that the 07/20/2025 dose had been administered but there was no documented blood pressure to determine if the medication should have been held. On 07/24/2025, at approximately 3:00 PM, Surveyor interviewed Licensee A. Surveyor discussed concerns regarding the documentation of medication administration. Licensee A stated s/he was going to have his/her staff go through med training again.	M 448		
M 462	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service provider shall help the resident securely store the medication, take	M 462		

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M 462	Continued From page 13 the correct dosage at the correct time and communicate effectively with his or her physician. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents' medications were securely stored. The provider did not communicate with 1 of 2 resident's physician when s/he consistently refused his/her medication. Resident 2 consistently refused his/her Divalproex (seizure medication), and the refusals had not been communicated to his/her primary care physician (PCP). Findings include: On 07/24/2025, at approximately 1:00 PM, Surveyor arrived at the home and observed that the door to the med closet was not locked, and Caregiver B was not administering medications. Caregiver B commented that the closet should have been locked. On 07/24/2025, Surveyor reviewed Resident 2's record. Resident 2 moved into the home, 08/20/2021, with diagnosis including seizures. Resident 2's MARs, dated 07/01/2025 to 07/24/2025, documented: Divalproex 500 MG - Take one tablet by mouth at 8 AM and two tablets by mouth at 8 PM.	M 462		

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M 462	Continued From page 14 The MARs documented refusals on 07/04, 07/05, 07/13, 07/14, 07/18, 07/19. On 07/25/2025 at 9:45 AM, Surveyor emailed Licensee A and requested documentation showing that Resident 2's physician had been notified that Resident 2 regularly refused his/her scheduled Divalproex. Surveyor noted there were no medical documents in Resident 2's record from 2025. On 07/25/2025 at 12:33 PM, Licensee A called Surveyor and stated s/he had the documentation and would be submitting it by 5:30 PM. On 07/25/2025 at 8:50 PM, Licensee A emailed Surveyor and stated, "I spoke with [Resident 2's] neurologist about that medication refusal a couple weeks ago and they had me bring [him/her] to do labs. I'm waiting to hear back from them for a medication change or what other decision they come up with." As of 07/26/2025 at 9:00 AM, Surveyor did not receive any additional documentation showing that Resident 2 had been taken in for lab work or that Licensee A had spoken with Resident 2's neurologist.	M 462		
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	M 464		

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	0017529	A. BUILDING: _____ B. WING _____	07/26/2025

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M 464	Continued From page 15 to administer the medication, under 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 have a written order from the physician who prescribed the medications, specifying who by name or position is permitted to administer the medication, under what circumstances, and in what dosage the medication is to be administered for 2 of 2 residents reviewed. Census 2. Findings include: On 07/24/2025, Surveyor and Licensee A reviewed Resident 1's and Resident 2's record. Resident 1 moved into the home on 08/11/2023. Resident 1's record did not contain a physician order specifying who would be completing his/her medication administration. Resident 2 moved into the home on 08/20/2021. Resident 2's record did not contain a physician order specifying who would be completing his/her medication administration. On 07/24/2025, at approximately 3:00 PM, Surveyor interviewed Licensee A. Licensee A stated the physician orders were in the resident files which were at the office. Licensee A confirmed residents required assistance with medication administration. Surveyor gave Licensee A until 4:30 PM on 07/25/2025, to	M 464		

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M 464	Continued From page 16 submit the additional documentation. As of 07/26/2025 at 9:00 AM, Surveyor did not receive any additional documentation.	M 464		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 2 of 2 residents. Resident 1's and Resident 2's Medication Administration Records (MAR) contained blanks where medication administration should have been initialed by the med passer. Findings include: On 07/24/2025, Surveyor reviewed Resident 1's and Resident 2's record. Example 1: Resident 1 Resident 1's MARs, dated 03/05/2025 to	M 466		

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M 466	Continued From page 17	M 466		

07/24/2025, documented blanks where med administration should have been initialed by the med passer and a rationale was not documented:
Amlodipine 5 milligrams (MG) - 4:00 PM - 03/12, 04/10, 05/01, 05/17
Aripiprazole 10 MG - 8:00 AM - 03/07, 05/30
Benztropine 0.5 MG - 8:00 AM - 03/07, 05/30, 05/31; 8:00 PM - 05/17
Clonazepam 0.5 MG - 8:00 AM - 03/09, 03/14, 03/24, 04/21, 05/20, 05/30, 05/31, 07/21; 8:00 PM - 03/06, 03/07, 03/13, 05/01, 05/11, 05/13, 05/17
Clozapine 100 MG (milligram) - 8:00 AM - 05/21, 05/30, 05/31; 8:00 PM - 04/01, 04/03, 05/01, 05/25
Clozapine 50 MG - 8:00 PM - 04/01, 04/03, 05/01, 05/11, 05/25
Divalproex 500 MG - 8:00 AM - 03/07, 03/11, 05/30, 05/31, 07/09, 07/10, 07/20; Noon - 03/08, 03/09, 03/12, 04/15, 05/01, 05/17, 07/19, 07/20
Lisinopril 10 MG - 8:00 AM - 03/07, 03/09, 05/21, 05/30, 06/30, 07/02
Melatonin 3 MG - 8:00 PM - 05/01, 05/17, 05/25
Pantoprazole 40 MG - 8:00 AM - 03/07, 04/22, 05/21, 05/30, 06/30, 07/19, 07/21
Paroxetine 40 MG - 8:00 PM - 05/01, 05/17, 05/25
Tamsulosin 0.4 MG - 8:00 AM - 04/22, 05/21, 05/30, 05/31, 06/30, 07/19, 07/21

Example 2: Resident 2

Resident 2's MARs, dated 05/01/2025 to 07/24/2025, documented blanks where med administration should have been initialed by the med passer and a rationale was not documented:
Divalproex 500 MG - 8:00 AM - 05/04, 05/05, 05/30, 05/31, 07/21; 8:00 PM - 05/01, 05/03, 06/17, 06/29, 07/22
Doxycycline 100 MG - 8:00 AM - 05/04, 05/05, 05/09, 05/10, 05/13, 05/16, 05/18, 05/19, 05/23,

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M 466	Continued From page 18 05/24, 05/31; 8:00 PM - 05/05, 05/09, 05/11, 05/14, 05/16, 05/19, 05/21, 05/22, 05/24 Ketoconazole 2% Cream - 8:00 AM - 05/04, 05/05, 05/10, 05/18, 05/19, 05/23, 05/24, 05/30, 05/31, 06/01, 06/02, 06/03, 06/07, 06/15, 06/16, 06/20, 06/21, 06/29, 06/30, 07/04, 07/05, 07/13, 07/14, 07/18, 07/19; 8:00 PM - 05/17 Nystatin Powder - 8:00 AM - 05/04, 05/05, 05/16, 05/18, 05/19, 05/23, 05/24, 05/30, 05/31, 06/01, 06/02, 06/07, 06/15, 06/16, 06/20, 06/21, 06/29, 06/30, 07/04, 07/05, 07/13, 07/14, 07/18, 07/19, 07/21; 8:00 PM - 05/17, 06/22 On 07/24/2025, at approximately 3:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he confirmed there were concerns with how staff were documenting med administration, and s/he would be re-educating staff.	M 466		
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 unauthorized access. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not maintain a record for 2 of 2 residents (Resident 1 and Resident 2) in a secure location within the home. Findings include: On 07/24/2025, at approximately 1:00 PM, while	M 482		

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M 482	Continued From page 19 on survey at the home, Surveyor requested Resident 1's and Resident 2's record from Caregiver B, who was working independently. Caregiver B was not aware of any resident records in the home and had not reviewed any resident care plans. Caregiver B proceeded to look throughout the home for the resident records and was not able to locate any. On 07/24/2025, at approximately 1:45 PM, Licensee A arrived at the home with Resident 1's and Resident 2's files. Upon review, the records were incomplete, and Licensee A requested additional time to submit the records.	M 482		