Wisconsin Department of Health Services

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 _____	R 06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR CARING HANDS LLC	**934 43RD ST KENOSHA, WI 53140**

(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 06/05/2026, Surveyor completed a verification visit at Our Caring Hands LLC. As a result, 3 deficiencies were identified. Three of 3 deficiencies were repeat violations. See Statement of Deficiency PZ7611, dated 07/26/2025. Under statutory provisions of Wis. Stat. C. 50, a $200 revisit fee is being assessed. Census: 3	{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:	{M 424}		

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

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{M 424}	Continued From page 1 Based on observation, record review and interview, the provider did not update the Individual Service Plan (ISP) when there was a change in needs for 1 (Resident 3) of 3 residents reviewed. Resident 3's ISP did not include information regarding his/her history of criminal activity while out in the community, history of suicide attempts, and administering his/her own insulin. This is a repeat deficiency. See Statement of Deficiency PZ7611, dated 07/26/2025. Findings include: On 06/03/2026 at approximately 9:00 AM, Surveyor completed an onsite survey at Our Caring Hands LLC. While onsite, Surveyor observed Caregiver C provide Resident 3 with their medications. Surveyor observed Resident 3 administering his/her own insulin. On 06/03/2026 at approximately 10:00 AM, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the home on 11/21/2025. Resident 3's record included a "Crisis Response Plan" from Rock County Human Services Department. Within the document it stated, Resident 3 "later admitted that [he/she] was SI (suicidal ideation) while cutting [his/her leg] on this date. [He/She] reported a Hx (history) of an attempt when [he/she] was around age 16 but did not report what [his/her] attempt was." Resident 3's record included an electronic mail (e-mail) from his/her legal guardian to the provider and managed care organization. The e-mail disclosed Resident 3 had police contact after he/she harmed a 16 year-old with a lit cigarette. On a separate occasion, police was contacted	{M 424}		

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{M 424}	Continued From page 2 after Resident 3 threatened the same 16 year-old and their 13 year-old sibling with a pocket knife. Resident 3's ISP, with a review date of 03/17/2026, did not mention Resident 3's criminal history while out in the community, history of suicide attempts, or Resident 3's preference/ability to administer his/her own insulin. On 06/03/2026 at approximately 11:00 AM, Surveyor interviewed Licensee A and Caregiver E. Licensee A reported Caregiver E has agreed to assist Licensee A with completing and updating all ISPs. Licensee A and Caregiver E were not aware the above information needed to be apart of Resident 3's ISP. Surveyor educated Licensee A and Caregiver E on 88.06(3).	{M 424}		
{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 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,	{M 464}		

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{M 464}	Continued From page 3 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 3 of 3 residents reviewed. Census 3. This is a repeat deficiency. See Statement of Deficiency PZ7611, dated 07/26/2025. Findings include: On 06/03/2026 at approximately 10:00 AM, Surveyor reviewed resident's records. The following was identified: 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. Resident 3 moved into the home on 11/21/2025. Resident 3's record did not contain a physician order specifying who would be completing his/her medication administration. On 06/03/2026 at approximately 11:00 AM, Surveyor interviewed Licensee A and Caregiver E. Licensee A confirmed staff administered and managed the resident's medications. Licensee A reported he/she was under the impression the prescription that was received by the pharmacy when medications are delivered were the physician orders. Surveyor provided education to Licensee A and Caregiver E on 88.07(3)(d).	{M 464}		

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{M 466}	Continued From page 4	{M 466}		
{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 3 of 3 residents. Resident 1's, Resident 2's, and Resident 3's Medication Administration Records (MAR) contained blanks where medication administration should have been initialed by the med passer. This is a repeat deficiency. See Statement of Deficiency PZ7611, dated 07/26/2025. Findings include: On 06/03/2026 at approximately 10:00 AM, Surveyor reviewed resident's records. The following was identified: Example 1: Resident 1 moved into the home on 08/11/2023.	{M 466}		

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{M 466}	Continued From page 5 Resident 1's MARs, dated 02/28/2026 to 05/28/2026, 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 - 04/28/2026, 05/14/2026 Aripiprazole 10 MG - 8:00 AM - 02/28/2026, 04/25/2026, 05/15/2026 Benztropine 0.5 MG - 8:00 AM - 02/28/2026, 04/25/2026, 05/15/2026 Benztropine 0.5 MG - 8:00 PM - 02/26/2026, 04/15/2026, 04/28/2026 Clonazepam 0.5 MG - 8:00 AM - 03/06/2026, 03/20/2026, 04/24/2026, 05/04/2026, 05/23/2026 Clonazepam 0.5 MG - 8:00 PM - 03/26/2026, 04/02/2026 Clozapine 100 MG - 8:00 AM - 02/28/2026, 04/25/2026, 05/15/2026 Clozapine 100 MG - 8:00 PM - 02/26/2026, 04/15/2026, 04/28/2026 Clozapine 50 MG - 8:00 PM - 02/26/2026, 04/15/2026, 04/28/2026, 05/14/2026 Divalproex 500 MG - 8:00 AM - 02/28/2026, 04/25/2026, 05/15/2026 Divalproex 500 MG - Noon - 02/26/2026, 04/05/2026 Lisinopril 10 MG - 8:00 AM - 04/25/2026 Melatonin 3 MG - 8:00 PM - 02/26/2026 Pantoprazole 40 MG - 8:00 AM - 04/25/2026 Paroxetine 40 MG - 8:00 PM - 02/26/2026 Example 2: Resident 2 moved into the home on 08/20/2021. Resident 2's MARs, dated 02/28/2026 to 05/28/2026, documented blanks where med administration should have been initialed by the med passer and a rationale was not documented:	{M 466}		

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{M 466}	Continued From page 6 Divalproex 500 MG (Milligrams) - 8:00 AM - 2/282026, 03/03/2026, 03/25/2026, 03/26/2026, 05/25/2026 Divalproex 500 MG - 8:00 PM - 2/28/2026, 04/05/2026, 04/22/2026 Ketoconazole 2% Cream - 8:00 AM - 02/28/2026, 03/03/2026, 03/25/2026, 03/26/2026, 05/25/2026 Ketoconazole 2% Cream - 8:00 PM - 02/28/2026, 04/05/2026, 04/22/2026, 05/27/2026 Nystatin Powder - 8:00 AM - 02/28/2026, 03/03/2026, 03/25/2026, 03/26/2026, 05/25/2026 Nystatin Powder - 8:00 PM - 02/28/2026, 04/05/2026, 04/22/2026, 05/27/2026 Vitamin D3 25 Micrograms (MCG) - 8:00 AM - 02/28/2026, 03/03/2028, 03/10/2026, 03/25/2026, 03/26/2026, 04/07/2026, 05/25/2026 Example 3: Resident 3 moved into the home on 11/21/2025. Resident 3's MARs, dated 02/28/2026 to 06/27/2026, documented blanks where med administration should have been initialed by the med passer and a rationale was not documented: Fluoxetine 20 Milligrams (MG) - 8:00 AM - 03/26/2026, 06/01/2026 Fluoxetine 40 Milligrams (MG) - 8:00 AM - 03/26/2026 Insulin Aspart 100 Units - 7:00 AM - 03/26/2026 Insulin Aspart 100 Units - 11:00 AM - 03/27/2026 Insulin Aspart 100 Units - 4:00 PM - 03/27/2026 Lantus Solostar 100 Units - 8:00 AM - 03/26/2026, 05/04/2026 Levothyroxine 25 Micrograms (MCG) - 7:00 AM - 03/26/2026 On 06/03/2026 at approximately 11:00 AM, Surveyor interviewed Licensee A and Caregiver E. Licensee A confirmed staff are responsible for	{M 466}		

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{M 466}	Continued From page 7 managing and administering Resident 1's, Resident 2's, and Resident 3's medications. Licensee A confirmed additional medication administration training was provided to the caregivers after the last survey was completed. Caregiver E stated he/she has placed note pads in each MAR binder to remind caregivers to sign each medication out. Caregiver E reported he/she tries to audit the MAR books on a weekly basis, but admitted that some weeks he/she did not audit each MAR. Licensee A stated he/she would review each MAR to identify who was working each day the medications were not signed out and provide additional education to the caregivers.	{M 466}		