STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020290	A. BUILDING: _____ B. WING _____	C 08/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CIRCLE OF CARE ADULT FAMILY HOME LLC	327 N MEMORIAL DRIVE 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 08/18/2026, Surveyor completed a standard survey and 2 complaint investigations at Circle of Care Adult Family Home. As a result, 11 deficiencies were identified and 2 complaints were substantiated. Census: 3	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	M 114		

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

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M 114	Continued From page 1 provided in this chapter or in ch. 50, 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 1 of 2 staff (Caregiver C) had a background check upon hire. Caregiver C did not have a complete background check at the time of hire. Findings include: On 05/28/2026, the Department received a complaint alleging staff members did not have proper background checks conducted prior to employment. On 08/18/2026, at approximately 11:45 AM, Surveyor reviewed Caregiver C's record. Caregiver C was hired on 06/15/2026. Caregiver C's file did not contain evidence of a Governmental Findings Report or a Department of Justice (DOJ) background check. On 08/18/2026, at approximately 1:30 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he forgot to run Caregiver C's background check and ran it the day of the survey. Licensee A reported s/he would ensure staff members background check requirements are completed within the required timeframe for	M 114		

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M 114	Continued From page 2 future employees.	M 114		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation indicating 2 of 3 staff (Caregiver B and Caregiver C) had been screened for communicable diseases, including tuberculosis (TB), by a physician, a registered nurse or a physician's assistant, within 90 days before the start of providing service. Caregiver B and Caregiver C were not screened for TB prior to providing cares. Findings include: On 08/17/2026, at approximately 11:45 AM, Surveyor reviewed employee records and identified the following: Caregiver B was hired on 04/11/2026. Caregiver B's record did not contain evidence of a	M 232		

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M 232	Continued From page 3 completed TB test or communicable disease screening prior to the start of providing cares. Caregiver C was hired on 06/15/2026. Caregiver C's record contained a TB screening, dated 07/17/2026, 32 days after her/his start of providing service. Caregiver C was not screened for TB within 90 days before the start of providing service. Caregiver C's record did not contain evidence of a completed communicable disease screening. On 08/18/2026, at 1:45 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was unaware of the code requirement. Licensee A reported s/he thought employees had 60 days to complete a TB test and communicable disease screening.	M 232		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 (Caregiver C) caregivers reviewed received training in standard precautions annually, as required in the U.S. Occupational Safety and Health Administration	M 235		

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M 235	Continued From page 4 (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. The OSHA standard requires the employer train each employee with occupational exposure, "At the time of initial assignment to tasks where occupational exposure may take place" per 1910.1030(g) (2)(ii)(A); and "At least annually thereafter," per 1910.1030(g)(2)(ii) (B). Findings include: On 08/17/2026, at approximately 11:45 AM, Surveyor reviewed Caregiver C's record. Caregiver C was hired on 06/15/2026. Caregiver C's record Did not contain evidence s/he received standard precautions prior to the start of providing cares in the facility. On 08/18/2026 at approximately 1:45 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was unaware of the code requirement. Licensee A confirmed Caregiver C worked in the facility with job responsibilities that had the potential to be exposed to bloodborne pathogens prior to completing standard precautions training. Licensee A reported s/he had scheduled community based residential facility training for staff members scheduled next week.	M 235		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents.	M 278		

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M 278	Continued From page 5 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the dryer vent was connected to the outside for 1 of 1 dryer. Findings include: On 08/17/2026, at approximately 11:00 AM, Surveyor toured the facility. The basement laundry area had 1 clothes dryer. The vent tubing was leaning up against the wall and not connected to the dryer. On 08/17/2026 at approximately 12:30 PM, Surveyor interviewed Licensee A regarding the dryer vent. Licensee A stated s/he was unaware the vent was not attached to the base of the dryer. Licensee A reported s/he would have it repaired as soon as possible.	M 278		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head	M 332		

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M 332	Continued From page 6 of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 fire extinguishers were inspected annually by an authorized dealer. The fire extinguishers were last inspected in May of 2025. Findings include: On 08/17/2026, at approximately 11:00 AM, Surveyor toured the facility. Surveyor observed 1 fire extinguisher in the kitchen and 1 fire extinguisher at the top of the stairs. All fire extinguishers were last inspected in May of 2025. On 08/17/2026 at approximately 12:30 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A confirmed s/he needed to have the fire extinguishers inspected.	M 332		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following	M 344		

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M 344	Continued From page 7 placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not complete the resident evacuation assessment within 3 days of admission for 2 of 3 (Resident 1 and Resident 3) residents reviewed. Resident 1 did not have a resident evacuation assessment completed, and Resident 3's resident evacuation assessment was not completed within three days of admission. Findings include: On 08/17/2026, at approximately 11:45 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted to the facility on 08/04/2026. Resident 1's file did not contain any evidence of an evacuation assessment completed within 72 hours of her/his admission date. Resident 3 was admitted on 05/05/2026. Resident 3's record contained an evacuation assessment dated 05/25/2026, 20 days after s/he was admitted. On 08/17/2026 at approximately 12:30 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was unaware of the code requirement to have the evacuation assessments completed within 72 hours of admission.	M 344		

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M 344	Continued From page 8 Licensee A reported s/he was responsible for completing the evacuation assessments. Licensee A reported Resident 1 was recently readmitted to the facility, and s/he was still in the process of completing all her/his required documents.	M 344		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the facility did not ensure 2 of 3 (Resident 2 and Resident 3) resident's individual service plans (ISPs) were developed, signed, and dated by all persons involved in developing the plan. Resident 2's and Resident 3's ISPs were not signed by the managed care organizations (MCO). Findings include: On 08/17/2026, at approximately 11:45 AM, Surveyor reviewed resident records and identified the following:	M 406		

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M 406	Continued From page 9 Resident 2 was admitted to the facility on 08/22/2025. Resident 2's file contained an ISP, dated 06/01/2026. Resident 2's ISP was not signed by her/his MCO. Resident 3 was admitted on 05/05/2026. Resident 3's file contained an ISP, dated 05/22/2026. Resident 3's ISP was not signed by her/his MCO. On 08/17/2026 at approximately 12:30 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported the MCO case managers did not sign Resident 2's and Resident 3's ISP when they visited the facility on 06/3/2026. Licensee A reported s/he would ensure MCOs sign all ISP updates when they are completed.	M 406		
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 obtain a written order from the	M 464		

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M 464	Continued From page 10 physician who prescribed medications to the resident, stating who can administer the medications for 1 of 3 (Resident 3) residents. Resident 3's records did not contain a signed written order to administer medications. Findings include: On 08/17/2026, at approximately 11:45 AM, Surveyor reviewed Resident 3's record. Resident 3 was admitted on 05/05/2026 with diagnoses including cognitive impairment. Resident 3's individualized service plan, dated 05/22/2026, indicated staff administered Resident 3's medications. Resident 3's record contained a form titled "Authorization to Dispense Medications Form", the form not signed by a physician for staff to administer medications. On 08/17/2026 at approximately 12:30 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported Resident 3's form was going to be signed at her/his next physician appointment.	M 464		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure food was stored in a safe and sanitary manner for 3 of 3 residents in the home. Frozen meat was thawing	M 474		

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M 474	Continued From page 11 on the counter. Findings include: On 08/17/2026, at approximately 11:00 AM, Surveyor toured the facility. Surveyor observed frozen meat thawing on the kitchen table. The box was labeled "Cattlemen's Ranch Smashed Burgers" The box stated: keep frozen, no thawing needed, ready to cook, cook from frozen. When Surveyor touched the box, the box had condensation on the outside of it. "Food must be kept at a safe temperature while thawing. It is safe indefinitely while frozen, however, as soon as it begins to thaw and becomes warmer than 40° F, any bacteria that may have been present before freezing can begin to multiply. There are three safe ways to thaw food: in the refrigerator, in cold water, and in the microwave. Food thawed by the cold-water method or in the microwave should be cooked immediately after thawing. Never thaw foods in a garage, basement, car, dishwasher, or plastic garbage bag; out on the kitchen counter, in hot water, outdoors, or on the porch. These methods can leave your foods unsafe to eat." (Knowledge Article, "How do you thaw food safely?", April 9, 2024, (Source: https://ask.usda.gov/s/article/How-do-you-thaw-food-safely, retrieved on 07/22/2025).) On 08/17/2026, at approximately 12:30 PM, Surveyor reviewed Caregiver B's file. Caregiver B was hired on 04/11/2026. Surveyor did not locate evidence of a dietary training course in Caregiver B's training record. On 08/17/2026 at approximately 12:45 PM, Surveyor interviewed Licensee A and Caregiver	M 474		

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M 474	Continued From page 12 B. Caregiver B reported s/he was not aware s/he could not thaw meat out on the counter. Surveyor relayed concerns about the unsafe practices of thawing meat at room temperature. Licensee A and Caregiver B acknowledged Surveyor's concerns and reported food would be thawed in the refrigerator.	M 474		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure water temperatures were kept at a safe temperature for 1 of 1 bathroom. The hot water temperature in the resident bathroom was 140.2° Fahrenheit (F). Findings include: The facility was licensed as an ambulatory adult family home (AFH), serving up to 3 residents in client groups traumatic brain injury, emotionally disturbed/mental illness, advanced age, terminally ill, irreversible dementia/ Alzheimer's,	M 570		

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M 570	Continued From page 13 alcohol/ drug dependent, developmentally disabled, and correctional clients. On 08/17/2026, at approximately 10:55 AM, Surveyor tested the water temperature in bathroom 1's sink faucet. The water temperature was 140.2°F. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g. second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017) On 08/17/2026 at approximately 12:30 PM, Surveyor interviewed Licensee A. Licensee A reported s/he could not remember the exact code requirement. Licensee A reported s/he would ensure the water temperature was rechecked after it was drained and refilled tonight.	M 570		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g),	M 582		

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M 582	Continued From page 14 Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 1 of 3 (Resident 1) resident received prescribed medications in the dosage and at the intervals prescribed by the resident's physician. Resident 1 did not receive her/his prescribed medications between 08/14/2026 and 08/16/2026 Findings include: On 08/17/2026, at approximately 11:45 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 08/04/2026. Resident 1's file indicated staff administered Resident 1's medications. Resident 1's record contained a medication administration record (MAR) for 08/01/2026 - 08/31/2026. Resident 1's MAR indicated Resident 1's medications were prescribed on 08/12/2026. Resident 1's prescribed medications included fluoxetine 20 milligram (mg) capsule, omeprazole 20mg capsule, aripiprazole 5mg tablet, levothyroxine 100 micrograms (mcg), multivitamin tablet, levetiracetam 250mg, gabapentin 100mg, mirtazapine 15mg, hydroxyzine 25mg tablet as needed (PRN), and albuterol 90 mcg PRN. Resident 1's MAR indicated s/he did not receive any of her/his medications in August until 08/17/2026.	M 582		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020290	A. BUILDING: _____ B. WING _____	C 08/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CIRCLE OF CARE ADULT FAMILY HOME LLC	327 N MEMORIAL DRIVE RACINE, WI 53404

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M 582	Continued From page 15 Resident 1's medication bin contained her/his medication cards. All of Resident 1's medication cards had a dispense date of 08/12/2026. The medications in each card were filled starting on 08/14/2026. On 08/17/2026 at approximately 12:30 PM, Surveyor interviewed Licensee A and Caregiver B. Licensee A reported there was an issue with insurance and Resident 1's provider which caused a delay in her/him having medications being restarted, ordered, and delivered to the facility. Caregiver B reported s/he believed the medications arrived at the facility late on Friday August 12, 2026, and staff were not informed they had been delivered and put Resident 1's medication bin. Caregiver B reported when s/he arrived at work on 08/17/2026, the medications were present and s/he gave Resident 1 her/his medications. On 08/18/2026 at approximately 1:45 PM, Surveyor interviewed Licensee A. Surveyor inquired why Resident 1 did not receive her/his medications from 08/14/2026 to 08/16/2026. Licensee A reported the medications arrived on Saturday. Licensee A reported s/he was unaware why staff did not administer Resident 1 her/his medications over the weekend. Licensee A reported s/he would ensure staff were reeducated on importance of medication adherence.	M 582		