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
	0014871	A. BUILDING: _____ B. WING _____	R-C 03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLIAMS COMPASSIONATE CARE MANOR LI	601 SYDNEY DRIVE RACINE, WI 53402

(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 03/18/2026, Surveyor conducted a standard survey and a verification visit at Williams Compassionate Care Manor LLC. As a result, 1 previous deficiency was corrected and 3 new deficiencies were identified, Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 1	{M 000}		
M 234	88.04(2)(g)2 COMMUNICABLE DISEASE The licensee shall ensure that no one who has a communicable disease reportable under ch. HSS 145 may work in a position in the adult family home where the disease would present a significant risk to the health or safety of the residents. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each service provider was screened for communicable diseases by a physician, a registered nurse (RN) or a physician's assistant (PA), within 90 days before the start of providing service for 1 of 1 caregiver (Caregiver B) reviewed. Findings include: On 03/18/2026 at approximately 11:30 AM, Surveyor reviewed Caregiver B's record. Caregiver B was hired on 10/21/2021. Surveyor did not review any evidence of a communicable disease screening signed by a physician, RN, or a PA in Caregiver B's file.	M 234		

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

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M 234	Continued From page 1 On 03/18/2026 at approximately 2:00 PM, Surveyor interviewed Administrator A. Administrator A confirmed the code requirement. Administrator A reported the communicable disease screening was completed but s/he could not locate the document. Administrator A reported s/he would ensure staff members communicable disease screenings were completed and kept in staff records for future employees.	M 234		
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 1 of 1 (Resident 1) residents' individualized service plan (ISP) was developed, signed, and dated by all persons involved in developing the plan. Resident 1's ISP was not signed by her/his Managed Care Organization (MCO). Findings include:	M 406		

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M 406	Continued From page 2 On 03/18/2026, at approximately 12:00 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 02/2/2024. Resident 1's file indicated s/he had an MCO. Resident 1's file contained an ISP dated 02/08/2026. Resident 1's ISP was not signed by Resident 1's MCO. On 03/18/2026 at approximately 2:00 PM, Surveyor interviewed Administrator A. Administrator A confirmed the code requirement. Administrator A reported s/he was responsible for updating resident ISPs. Administrator A reported the MCOs review the updated ISPs when they visit the facility, but they did not sign the ISP. Administrator A reported s/he would ensure MCOs sign ISP reviews in the future, and s/he will email ISPs for signatures to individuals who were not present.	M 406		
Z 019	50.065(6)(am) Four Year Caregiver Background Requirement Every 4 years an entity shall require its caregivers and nonclient residents to complete a background information form that is provided to the entity by the Department. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure caregiver complete	Z 019		

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Z 019	Continued From page 3 background checks were completed every 4 years for 1 of 1 caregiver reviewed. Caregiver B did not have a background check completed at least every 4 years. Findings include: On 03/18/2026 at 11:30 AM, Surveyor reviewed Caregiver B's record. Caregiver B was hired on 10/21/2021. Caregiver B's original background information disclosure (BID) was dated 09/29/2021, Department of Justice check (DOJ) was dated 09/29/2021, and Governmental Findings Report (GFR) was dated 09/29/2021. Caregiver B's Record contained and updated DOJ check dated 03/17/2026. Surveyors did not review evidence of an updated BID or GFR for 2025. On 03/18/2026 at approximately 2:00 PM, Surveyor interviewed Administrator A. Administrator A confirmed the code requirement. Surveyor inquired about why the DOJ check was completed on 03/17/2026 but no BID or GFR was completed. Licensee A reported s/he completed the DOJ check after Surveyor attempted to complete a standard survey on 03/17/2026 but was unable to conduct the survey due to residents and staff not being at the facility until after 5 PM. Administrator A reported s/he would ensure updated background checks were completed for all staff members employed for 4 years or more at the facility.	Z 019		