STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018955	A. BUILDING: _____ B. WING _____	R-C 09/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SISTER LOVE AND CARE AFH LLC	1244 SUPERIOR ST 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 09/17/2026, Surveyor completed a verification visit, standard survey and complaint investigation at Sister Love and Care AFH. As a result, 4 deficiencies were corrected, 3 deficiencies were recited, and 4 new deficiencies were identified. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{M 000}		
{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 ensure 1 of 1 service providers were screened for illness detrimental to residents, by a physician, a registered nurse, or a physician assistant within 90 days before the start of providing service. The provider did not obtain documentation for communicable disease screening for 1 of 1 service provider (Caregiver	{M 232}		

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

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{M 232}	Continued From page 1 F). This is a repeat deficiency. See Statement of Deficiency (SOD) RM5M11, dated 03/18/2024. Findings include: On 09/15/2026, at 10:45 AM, Surveyor reviewed Caregiver F's record. Caregiver F was hired on 06/25/2026. Caregiver F's record did not contain evidence of screening for communicable disease. On 09/15/2026, at 12:15 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he thought Caregiver F gave her/him the documentation of the communicable disease screening. Licensee A reported s/he would need to ensure s/he printed off all documentation immediately, so it does not become lost in her/his email.	{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 1 caregiver	M 235		

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M 235	Continued From page 2 (Caregiver D) received training in standard precautions annually, as required in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. Caregiver D did not receive training in standard precautions prior to starting to provide care. 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 09/15/2026, at 10:45 AM, Surveyor reviewed Caregiver D's record. Caregiver D was hired on 08/25/2025. Caregiver D received training in standard precautions on 01/15/2026, which was 143 days after the start of providing services. On 09/15/2026, at 12:15 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver D worked on the floor prior to receiving standard precaution training. Licensee A confirmed Caregiver D had job responsibilities which could expose them to bloodborne pathogens. Licensee A reported s/he thought staff had 6 months to complete the training. Licensee A reported s/he was unaware of the code requirement for standard precaution training.	M 235		
{M 262}	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the	{M 262}		

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{M 262}	Continued From page 3	{M 262}		

assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance:
1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails.
2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches.
3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs.

This Rule is not met as evidenced by:
Based on observation, interview, and record review, the provider did not ensure at least 2 of 2 exits were ramped to grade with hard surfaced pathways with handrails. The home contained 3 exits from the residence, all of which contained steps. The front exit contained 5 steps from the door to the ground. The side exit contained 5 steps from the door to the ground. The rear exit contained 4 steps inside the home to utilize the rear door. Resident 4 required the use of a cane to assist with ambulation.

This is a repeat deficiency. See Statement of Deficiency (SOD) RM5M11, dated 03/18/2024.

Findings include:

The facility was licensed on 07/13/2022 to serve 4

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{M 262}	Continued From page 4	{M 262}		

residents in client groups including developmentally disabled and emotionally disturbed/mental illness. The facility was licensed to serve ambulatory residents only.

On 09/15/2026, at 10:05 AM, Surveyor toured the home. The front exit contained 5 steps from the door to the ground. The side exit contained 5 steps from the door to the ground. The rear exit contained 4 steps inside the home to utilize the rear door. Surveyor toured Resident 4's bedroom. Surveyors observed a cane next to Resident 4's bed. During the survey at 11:50 AM, Surveyor observed Resident 4 utilize the cane for ambulation within the home.

On 09/15/2026, at 10:30 AM, Surveyor reviewed Resident 4's record. Resident 4 was admitted on 08/20/2024, with diagnoses including alcohol dependency. Resident 4's individual service plan (ISP), dated 08/14/2026 indicated the following updates:
"Consumer brought a cane but it isnt [sic] prescribe [sic] by a doctor ...update: 7/29/25 member still uses cane [sic] not prescribed by doctor for walking ....member still uses a cane for walking [sic] cane not prescribed by doctor ..."

On 09/15/2026, at 10:45 AM, Surveyor interviewed Caregiver E. Caregiver E reported Resident 4 utilized the cane for ambulation. Caregiver E reported at times Resident 4 will use the walls to assist her/him with walking from her/his bedroom to the porch to smoke.

On 09/15/2026, at 12:15 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported Resident 4 purchased the cane, and the cane was not prescribed by a doctor. Licensee A reported s/he

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{M 262}	Continued From page 5 thought if the cane was not prescribed by a doctor, it was ok to have. Licensee A reported s/he would talk with the landlord about installing ramps and amending her/his license.	{M 262}		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the gas furnace was inspected and serviced every 3 years by a heating contractor or local utility company. Findings include: On 09/15/2026, at 10:15 AM, Surveyor reviewed the facility's safety record. Surveyor was unable to locate a furnace inspection. On 09/15/2026, at approximately 11:45 AM, Surveyor interviewed Licensee A. Licensee A reported the furnace inspection was located in her/his other phone. Licensee A attempted to call the contractor who Licensee A identified as the company who serviced the furnace. During the phone conversation, Licensee A reported s/he needed to call another company as the company s/he was on the phone with indicated they did not have those records. Surveyor requested the information by 09/16/2026 at 4:30 PM. As of 09/17/2026, at 8:00 AM, Surveyor did not receive documentation of a furnace inspection.	M 290		

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M 346	Continued From page 6	M 346		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 1 and Resident 4) were evaluated annually for fire evacuation. Resident 1 and Resident 4 were not evaluated for fire evacuation in 2025. Findings include: On 09/15/2026, at 10:30 AM, Surveyor reviewed resident files and identified the following: Resident 1 was admitted to the facility on 02/01/2023, with diagnoses including alcohol and drug abuse, transaminitis, decreased hearing of left ear, major depressive disorder, and subdural hematoma of left cerebral convexity. Resident 1's record contained an evacuation assessment dated 09/18/2024 and 04/02/2026. Surveyor was unable to locate evidence Resident 1 was evaluated annually for evacuation in September 2025. Resident 4 was admitted to the facility on 08/20/2024, with diagnoses including alcohol and drug abuse, anxiety and depression. Resident 4's record contained an evacuation assessment	M 346		

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M 346	Continued From page 7 dated 08/20/2024 and 04/02/2026. Surveyor was unable to locate evidence Resident 4 was evaluated annually for evacuation in August 2025. On 09/15/2026, at 12:15 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he would ensure the assessments were completed annually.	M 346		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an admission agreement was signed by a guardian or designated representative for 1 of 1 resident (Resident 5). Resident 5 did not sign an admission agreement. Findings include: On 09/15/2026, at 10:30 AM, Surveyor reviewed Resident 5's record. Resident 5 was admitted on 04/25/2026. Resident 5 was her/his own person.	M 384		

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M 384	Continued From page 8 Resident 5's admission agreement was not signed by Resident 5 or by Licensee A. On 09/15/2026, at 12:15 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported it must have been missed at the time of admission.	M 384		
{M 410}	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure 2 of 2 residents' Individual Service Plans (ISPs) included all required information. Resident 4's and Resident 5's ISPs did not include the following: 1. Identification of the level of supervision required in the home and in the community. 2. A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This is a repeat deficiency. See Statement of Deficiency (SOD) RM5M11, dated 03/18/2024. Findings include:	{M 410}		

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{M 410}	Continued From page 9 The provider is licensed to care for up to 4 ambulatory residents in the client groups of developmentally disabled and emotionally disturbed/mental illness. On 09/15/2026, at 10:30 AM, Surveyor reviewed resident files and identified the following: Resident 4 was admitted to the facility on 08/20/2024, with diagnoses including alcohol and drug abuse, anxiety and depression. Resident 4 was her/his own person. Resident 4's ISP indicated the following: "Emotional/Behavior: Consumer seeks alcohol and drugs when expirencing [sic] being withdrawn and depressed [sic] member tries to sneak to the store to purchase beer and liquor ..." Resident 4's ISP did not identify the level of supervision required in the home and in the community. Resident 4's ISP was previously reviewed 01/30/2026 and 07/29/2025. Resident 4's ISP reviews did not contain any signatures of all persons involved in the development of the plan. Resident 5 was admitted to the facility on 04/25/2026, with diagnoses including cocaine usage and osteoarthritis. Resident 5 was her/his own person. Resident 5's ISP reported Resident 5 "likes to go out to visit her/his [significant other] ...Interventions routine community outing at least once a week ..." Resident 5's ISP did not identify the level of supervision required in the home and in the community. Resident 5's ISP was dated 05/21/2026. Resident 5's ISP did not contain any signatures.	{M 410}		

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{M 410}	Continued From page 10 On 09/15/2026, at 12:15 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he sent out Resident 4's ISP to her/his case manager for a signature and it wasn't returned. Licensee A was unable to show Surveyor when Resident 4's ISP was sent out. Surveyor inquired about Resident 4 and Licensee A's signatures on the ISP reviews for Resident 4 or the signatures for Resident 5's ISP. Licensee A did not offer an explanation to why the ISPs were not signed.	{M 410}		