STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018435	A. BUILDING: _____ B. WING _____	07/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAYMONDS HOME CARE 2	8415 AIRPORT ROAD MIDDLETON, WI 53562

(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 From 06/30/2025 to 07/03/2025, Surveyor conducted an abbreviated survey at Raymond Home Care 2, an AFH in Middleton. Five deficiencies were identified. Census: 4	M 000		
M 260	88.05(2) ACCESS TO HOME AND WITHIN THE HOME RESIDENT ACCESS TO THE HOME AND WITHIN THE HOME. An adult family home shall be physically accessible to all residents of the home. Residents shall be able to easily enter and exit the home, to easily get to their sleeping rooms, a bathroom, the kitchen and all common living areas in the home, and to easily move about in the home. Additional accessibility features shall be provided as follows, if needed to accommodate the physical limitations of the resident or if specified in the resident's individual service plan: This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all residents had access to the home and within the home. The provider had locked doors restricting resident access throughout the home. Findings include:	M 260		

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

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M 260	Continued From page 1 On 06/30/2025 at approximately 1:30 p.m., Surveyor toured the provider's home with Caregiver B. Surveyor observed a door, with a keypad lock, separating the bedrooms and living room area from the kitchen and dining room. Surveyor observed 2 additional locked doors separating the living room area, kitchen and bedrooms from a second area of the home that included a sunroom. Caregiver B stated the door accessing the kitchen was closed and locked at 9:00 p.m. when the kitchen closed for the night. Caregiver B stated the doors to the second area of the home that included a sunroom were kept locked. On 06/30/2025 at 1:30 p.m., Surveyor reviewed resident records. Resident records included a document titled "House Rules" that stated, "No using kitchen or showers or smoking 9PM - 6AM, unless getting water or refreshments ... 10PM - 6 AM residents should be in their private rooms." On 06/30/2025 at approximately 1:45 p.m., Surveyor interviewed Licensee A and asked about the doors separating areas of the home. Licensee A stated the door to the kitchen was present because Resident 1 had a history of starting a fire and wouldn't be safe to access the kitchen during the overnight hours. Licensee A stated the 2 additional locked doors that separated residents from an area including a sunroom were kept locked and only accessed if a caregiver needed to have Resident 2, Resident 3 and Resident 4 go the sunroom to be safe and separated from Resident 1 when Resident 1 was exhibiting unsafe behaviors. Surveyor shared concern that the doors restricted resident access within the home.	M 260		

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M 282	Continued From page 2	M 282		
M 282	88.05(3)(d) ANNUAL WELL WATER INSPECTIONS Where a public water supply is not available water samples shall be taken from the well and tested at the state laboratory of hygiene or other laboratory approved under ch. HSS 165 at least annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the well water was tested at the state laboratory of hygiene or other laboratory at least annually. The home's water had not been tested since 2022. Findings include: On 06/30/2025 at approximately 1:45 p.m., Surveyor reviewed the provider's environmental records. Licensee B confirmed the home had well water and provided Surveyor with a well water inspection dated 02/18/2022. Licensee B stated s/he did not have a well water test completed in the past year, but that s/he had one scheduled for the next week.	M 282		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by:	M 338		

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M 338	Continued From page 3	M 338		

Based on observation and interview, the provider did not ensure the home had at least 2 means of exiting which provided unobstructed access to the outside. The provider had magnetic locks on exit doors restricting access to the outside.

Findings include:

On 06/30/2025 at approximately 1:30 p.m., Surveyor toured the provider's home. Surveyor observed devices installed above 2 of 2 exit doors. Surveyor asked Caregiver C what the devices were and s/he explained they were locks that only unlocked with the use of a key fob or in the event of a fire. Caregiver C showed Surveyor the key fob and stated the home was locked every night for the safety of Resident 1 and Resident 2.

On 06/30/2025 at approximately 1:45 p.m., Surveyor shared concern with Licensee A that the home had magnetic locks, which restricted access to the outside. Licensee A stated the magnetic locks were installed with the assistance of outside agencies due to Resident 1 and Resident 2's behaviors.

On 07/01/2025 at 11:45 a.m., Licensee A contacted Surveyor and stated s/he spoke with Resident 1's case manager, who stated magnetic locks were acceptable as long as they were in Resident 1's behavioral support plan.

On 07/01/2025 at approximately 4:00 p.m., Surveyor spoke to Case Manager D. Case Manager D stated s/he was unaware that magnetic locks were not allowed in 3-4 bed adult family homes. Case Manager D stated the magnetic locks were absolutely necessary for the safety of Resident 1 who would elope during the

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M 338	Continued From page 4 night and go into the road.	M 338		
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 the individual service plans (ISP) of 2 of 4 residents were updated, in writing, when the residents' needs changed substantially. Resident 1 and Resident 2's ISPs did not document their need for 1:1 supervision. Findings include: On 06/30/2025 at 1:30 p.m., Surveyor reviewed resident records. Resident 1's ISP documented s/he could be alone for up to 2 hours. Resident 2's ISP documented s/he required 24 hour	M 424		

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M 424	Continued From page 5	M 424		

supervision. Resident 3's ISP documented s/he could be left alone for up to 6 hours. Resident 4's ISP documented s/he could be left alone for 4-6 hours. All 4 ISPs were dated 05/01/2025.

On 06/30/2025 at approximately 1:45 p.m., Surveyor interviewed Licensee A and asked that s/he clarify resident supervision needs. Licensee A stated Resident 1 and Resident 2 required 1:1 24/7 supervision, although Resident 2 went to a day program Monday through Friday from approximately 8:30 a.m. to 2:30 p.m. Licensee A shared that Resident 3 and Resident 4 could be unsupervised for a few hours at a time. Surveyor asked how long Resident 1 and Resident 2 had required 1:1 supervision 24/7 as it was not indicated in the ISPs. Licensee A stated the supervision needs had recently changed and that s/he would update the ISPs.

On 07/01/2025 at approximately 4:00 p.m., Surveyor interviewed Case Manager D. Case Manager D stated Resident 1 had required 1:1 supervision 24/7 since s/he had moved into the home on 01/24/2022.

On 07/02/2025 at approximately 12:30 p.m., Surveyor interviewed Case Manager E. Case Manager E confirmed Resident 2 required 1:1 supervision 24/7 but was unable to provide a date the 1:1 requirement began.

On 07/03/2025 at approximately 8:20 a.m., Program Manager E confirmed that Resident 2 currently required 1:1 supervision 24/7 and had since 07/04/2024.

The provider had 2 residents that did not have their need for 24/7 1:1 supervision documented in their ISPs.

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M 430	88.07(1)(c) ACTIVITIES AND SERVICES The licensee shall plan activities and services with the residents to accommodate individual resident needs and preferences and shall provide opportunities for each resident to participate in cultural, religious, political, social and intellectual activities within the home and community. A resident may not be compelled to participate in these activities. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure services were provided to accommodate individual resident needs. The provider did not ensure staff was provided to meet the supervision needs of residents. Findings include: On 06/30/2025 at approximately 1:00 p.m., Surveyor conducted a survey at the home. Surveyor observed Resident 1, Resident 3 and Resident 4 were present, along with Caregiver B and Caregiver C. On 06/30/2025 at approximately 1:45 p.m., Surveyor interviewed Licensee A and asked that s/he clarify resident supervision needs. Licensee A stated Resident 1 and Resident 2 required 1:1 24/7 supervision, although Resident 2 went to a day program Monday through Friday from approximately 8:30 a.m. to 2:30 p.m. Licensee A shared that Resident 3 and Resident 4 could be unsupervised for a few hours at a time. Surveyor then reviewed the provider's weekly schedule,	M 430		

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M 430	Continued From page 7 which Licensee A stated repeated itself each week, which documented the following: - Sundays: Only 2 staff were present from 12:00 a.m. to 7:00 a.m. - Mondays: Only 2 staff members were present from 7:00 a.m. to 1:00 p.m. and 8:00 p.m. to 11:59 p.m. - Tuesdays: Only 2 staff members were present from 12:00 a.m. to 1:00 p.m. - Wednesdays: Only 2 staff members were present from 7:00 a.m. to 8:00 p.m. - Thursdays: Only 2 staff members were present from 7:00 a.m. to 8:00 p.m. - Fridays: Only 2 staff members were present from 7:00 a.m. to 1:00 p.m. - Saturdays: Only 2 staff members were present from 8:00 p.m. to 11:59 p.m. *Per Resident 2's individual service plan (ISP), Resident 2 attended a day program from 9:00 a.m. to 2:00 p.m. Monday through Friday. On 06/30/2025 at approximately 1:45 p.m., Surveyor interviewed Licensee A and shared concern that the schedule indicated several times when the home did not meet the staffing needs of residents. Licensee A stated Resident 3 and Resident 4 could be unsupervised at times. Surveyor acknowledged the ISPs indicated Resident 3 and Resident 4 could be left alone for up to 6 hours; however, the schedule documented intervals of greater than 6 hours when only 2 staff members were present. Licensee A replied that staff was difficult to find and maintain with the reimbursement rates of managed care organizations.	M 430		