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	0018715	A. BUILDING: _____ B. WING _____	04/30/2026

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LOVING HANDS GMG	1631 GRAND AVE RACINE, WI 53403

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M 000	INITIAL COMMENTS On 04/30/2026, Surveyor completed a standard survey at Loving Hands GMG. As a result, 6 deficiencies were identified. 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 provided in this chapter or in ch. 50, Stats., or place conditions on the	M 114		

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

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M 114	Continued From page 1 license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregiver (Caregiver B) had a completed background check within 60 days of employment. Caregiver B's Department of Justice (DOJ) and Government Findings Report (GFR) was not completed after hire. Findings include: On 04/29/2026, at 10:45 AM, Surveyor reviewed Caregiver B's record. Caregiver B was hired on 04/29/2024. Caregiver B's Background Information Disclosure (BID) form was dated 04/29/2024. Caregiver B's BID indicated s/he lived in Minnesota from 02/2010 - 02/2024. Caregiver B's record contained background report from another corporation which was dated 04/23/2026. The background report contained criminal history for Minnesota from 04/05/2017 - 04/05/2024. The background report did not contain criminal history from prior to 04/05/2017 or after 04/05/2024. Surveyor was unable to locate evidence of a DOJ for Wisconsin or GFR. On 04/29/2026, at 12:30 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported caregivers were responsible for paying for their own background checks. Licensee A reported when	M 114		

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M 114	Continued From page 2 s/he told Caregiver B about the payment, Caregiver B reported s/he just had a background check ran by another company and s/he would bring in the report. Licensee A confirmed Surveyor's concerns regarding the missing information.	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 2 caregivers (Caregiver B and Caregiver C) had been screened for communicable diseases 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 communicable diseases. Findings include: On 04/29/2026, at 10:45 AM, Surveyor reviewed caregiver records and identified the following:	M 232		

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M 232	Continued From page 3 Caregiver B was hired on 04/29/2024. Caregiver B was screened tuberculosis (TB) on 04/29/2024. Surveyor was unable to locate evidence Caregiver B had been screened for communicable diseases. Caregiver C was hired on 09/05/2024. Caregiver C was screened TB on 11/13/2024. Caregiver C had a "Communicable Disease/Tuberculosis Screening Questionnaire" form which was dated 09/05/2024, in her/his record. The form was not signed. Surveyor was unable to locate evidence Caregiver C had been screened for communicable diseases. On 04/29/2026, at 12:30 PM, Surveyor interviewed Licensee A. Licensee A reported s/he thought the TB test paperwork covered communicable diseases. Licensee A reported staff had reported the doctor's office refused to sign the communicable disease screenings. Licensee A reported s/he would need to figure out a way to ensure the communicable disease screenings were completed. Licensee A confirmed Caregiver C did not start providing services until after her/his TB test was completed.	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.	M 235		

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M 235	Continued From page 4	M 235		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 of 2 caregivers (Caregiver B and Caregiver C) 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 B and Caregiver C 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 04/29/2026, at 10:45 AM, Surveyor reviewed caregiver records and identified the following:

Caregiver B was hired on 04/29/2024. Caregiver B received training in standard precautions on 11/06/2024, which was 191 days after the start of providing services.

Caregiver C was hired on 09/05/2024. Caregiver C received training in standard precautions on 11/06/2024, which was 62 days after the start of providing services.

On 04/29/2026, at 12:30 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver B and Caregiver C worked on the floor

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M 235	Continued From page 5 prior to receiving standard precaution training. Licensee A confirmed caregivers had job responsiblilities which could expose them to bloodborne pathogens. Licensee A reported s/he thought they 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 316	88.05(3)(j) BEDROOM REQUIREMENTS A resident's bedroom may not be used by anyone else to get to any other part of the home. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 3 residents' bedrooms would not be used by anyone else to get to another part of the home. Staff were required to walk through Resident 1's bedroom to get to the laundry room. Findings include: On 04/30/2026, at 12:00 PM, Surveyor toured the facility with Licensee A. The facility was a 3-bedroom house, with an unfinished basement. Surveyor requested to see the laundry area. Licensee A opened a door and identified the door belonged to Resident 1's room. Surveyor observed Resident 1 on her/his bed. There was a door on the north side of Resident 1's room which led to the laundry room. On 04/29/2026, at 12:30 PM, Surveyor interviewed Licensee A. Licensee A confirmed the laundry room had always been located through	M 316		

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M 316	Continued From page 6 the resident room. Licensee A reported when a surveyor came to do her/his initial licensing visit, the surveyor had concerns regarding the access to the laundry room being in a resident bedroom, but reported it was okay. On 04/30/2026, at 10:00 AM, Surveyor interviewed Licensee A. Licensee A reported s/he would need to speak with the landlord as the home was previously utilized as a group home prior to her/him taking over. Licensee A reported s/he may have the landlord remove the washer and dryer from the laundry room and moved to the basement.	M 316		
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.	M 424		

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M 424	Continued From page 7 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 resident's (Resident 1 and Resident 2) individual service plan (ISP) was reviewed every 6 months by the licensee, the resident or resident's legal representative and managed care organization (MCO) case managers. Resident 1's ISP was not reviewed with her/his case manager. Resident 2's ISP was not reviewed with her/his case manager. Findings include: On 04/30/2026, at 11:15 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 02/22/2022. Resident 1 was her/his own person. Resident 1's ISP was dated 10/17/2025. Resident 1's ISP was signed by Resident 1 and Licensee A. Resident 1's ISP was not signed by Resident 1's case manager. Resident 2 was admitted on 01/06/2025. Resident 2 was her/his own person. Resident 2's ISP was dated 10/28/2025. Resident 2's ISP was signed by Resident 2 and Licensee A. Resident 2's ISP was not signed by Resident 2's case manager. On 04/29/2026, at 12:30 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was unaware case managers were required to sign resident ISPs. Licensee A reported case managers had their own plans, and s/he did not sign their plans. Licensee A reported reviews were conducted every 6 months and the case manager did not attend the reviews. Licensee A reported s/he would start including the case	M 424		

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M 424	Continued From page 8 managers.	M 424		
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 136° Fahrenheit (F). Findings include: The facility was licensed as an ambulatory adult family home (AFH), serving up to 3 residents in client groups emotionally disturbed/mental illness and developmentally disabled. On 04/29/2026, at 11:58 AM, Surveyor and Licensee A tested the water temperature in the bathroom sink faucet. The water temperature was 136° F. "Exposure to hot water is a potential	M 570		

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M 570	Continued From page 9 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 04/29/2026, at 12:30 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he tested the water monthly. Licensee A reported s/he thought the landlord had completed some work with the water heater and would call her/him to have the water heater turned down.	M 570		