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
	0018106	A. BUILDING: _____ B. WING _____	R-C 09/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ITS ABOUT YOU ADULT FAMILY HOME LLC	1716 HARRISON AVENUE BELOIT, WI 53511

(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 09/02/2026 through 09/03/2026, Surveyors conducted a verification visit and standard survey at Its About You Adult Family Home LLC, an AFH in Beloit. Four deficiencies were identified. Two of the 4 deficiencies were repeat violations. See Statement of Deficiency (SOD) SIO211, dated 05/18/2026 and ZTY011, dated 05/09/2023. One of the 2 deficiencies was corrected from SOD SIO211, dated 05/18/2026. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement.	M 334		

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

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M 334	Continued From page 1 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure there was a smoke detector in 2 of 4 resident's bedrooms. There was not a smoke detector on the ceiling of Resident 2 or Resident 3's bedroom. Findings include: On 09/02/2026, at approximately 10:30 a.m., Surveyor toured the home and observed the following: -Resident 2's bedroom did not contain a smoke detector on the ceiling. -Resident 3's bedroom did not contain a smoke detector on the ceiling. On 09/02/2026, at approximately 10:30 a.m., Caregiver D stated that Resident 3's smoke detector was removed by Resident 3 as well as the smoke detector in Resident 2's bedroom. Caregiver D stated that s/he had just purchased new smoke detectors and will ensure they're placed on the ceiling of Resident 2 and Resident 3's bedroom and hope that Resident 3 does not remove them.	M 334		
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.	M 346		

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M 346	Continued From page 2	M 346		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed that had resided at the home greater than 1 year, was evaluated, using the department's form, annually to determine whether the resident was able to evacuate the home without any help within 2 minutes. Resident 2 and Resident 3's ability to evacuate the home was not evaluated annually using the department's form.

This is a repeat violation. See Statement of Deficiency (SOD) ZTY011, dated 05/09/2023.

Findings include:

On 09/02/2026 at approximately 10:00 AM, Surveyor reviewed Resident 2 and Resident 3's records which indicated the following:

- Resident 2 was admitted to the provider's home on 06/01/2023. Resident 1's record included the initial evacuation assessment completed on 08/01/2023. Resident 1's record did not include an annual evacuation assessment.

-Resident 3 was admitted to the provider's home on 05/21/2021. Resident 2's record did not include an annual evacuation assessment.

On 09/02/2026 at approximately 11:45 AM, Licensee B stated that s/he did not realize that it needed to be updated. Licensee B stated that s/he would get the forms updated and in the Resident 2 and Resident 3's record.

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M 410	Continued From page 3	M 410		
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, record review and interview, the provider did not ensure 1 of 2 resident's Individual Service Plan (ISP) included all required information. Resident 3's ISP did not identify behaviors of removing smoke detectors off the wall in bedrooms. This is a repeat violation. See Statement of Deficiency (SOD) SIO211, dated 05/18/2026. Findings include: On 09/02/2026 at 10:30 AM, Surveyor toured the facility with Caregiver D. Surveyor observed that Resident 2 and Resident 3 did not have smoke detectors in their rooms. Caregiver D stated that Resident 3 had a behavior of removing smoke detectors from the wall of both bedrooms in the facility. On 09/02/2026, Surveyors reviewed Resident 3's record and identified the following: Resident 3 was admitted on 05/12/2021 with diagnosis including diabetes, seizures, and history of strokes. Resident 3's ISP dated 05/12/2026 did not include a description of services provided by the licensee to monitor Resident 3's behavior of removing smoke	M 410		

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M 410	Continued From page 4 detectors in the facility. The ISP stated that Resident 3 had concerns noted in the plan. The ISP stated that Resident 3's guardian is a family member, and the facility stays in contact with family for Resident 3's behavioral health and wellness plan. There was no plan indicated in the ISP to monitor the removal of the smoke detectors in the bedrooms of the home. On 09/02/2026 at 11:45 AM, Surveyors interviewed Licensee B and Caregiver D. Licensee B acknowledged that Resident 3 had been removing smoke detectors from the facility bedrooms for a while. Licensee B stated that s/he thought that Resident 3 was removing the smoke detectors so that Resident 2 could smoke in his/her bedroom. Caregiver D stated that staff never smelled any smoke. Caregiver D stated that the facility had just purchased new smoke detectors. Licensee B stated that the facility would get the smoke detectors placed on the ceiling and would update Resident 3's ISP to include his/her behaviors of removing smoke detectors in the facility.	M 410		
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.	M 570		

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M 570	Continued From page 5 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure residents were safeguarded from environmental hazards. The home's water temperature exceeded 120 degrees F. Findings include: The provider's home is licensed to serve up to 4 residents within the client groups of advanced age, developmentally disabled, physically disabled, and emotionally disturbed/mental illness. On 09/02/2026 at approximately 10:13 a.m., Surveyor tested the water temperature of the provider's upstairs bathroom that all residents have independent access to. Surveyor's thermometer read a temperature peaking at 140.2 degrees F. Exposure to hot water is a potential environmental danger for clients. Elderly clients and clients 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 P-01942, Hot Water Temperatures in Adult Family Homes, 08/2017).	M 570		

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M 570	Continued From page 6 On 09/02/2026 at approximately 10:30 a.m., Licensee B stated that s/he just had the water heater replaced. Licensee B stated that the water used to be cold before the water heater was replaces so s/he didn't think of checking if it was too hot.	M 570		