STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018431	A. BUILDING: _____ B. WING _____	C 08/08/2025

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ABOVE & BEYOND AFH PHASE I	**119 CRAB TREE RACINE, WI 53406**

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M 000	INITIAL COMMENTS On 07/28/2025 with information gathered through 08/08/2025, Surveyor conducted a standard survey and complaint investigation, at Above & Beyond AFH Phase I, an Adult Family Home (AFH) in Racine, WI. Eight deficiencies were identified. Complaint substantiated. Census: 4	M 000		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 incident was reported to the Department when there was significant change in a resident's status. Resident 1 had a fall on 05/09/2025 and was taken to the hospital for treatment on 05/10/2025, and the provider did not report the incident to the Department. Resident 1 had the following diagnoses: Sprain of	M 134		

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

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M 134	Continued From page 1 left ankle and pain of left side of body. Findings include: On 07/28/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 12/02/2022. -Resident 1's hospital After Visit Summary, dated 05/10/2025, stated the following: "Reason for visit: Fall. [Resident 1's] diagnoses: Sprain of left ankle and pain of left side of body. Instructions: Wear ankle brace. Rest, elevate leg and apply ice." -Resident 1's Incident Report, dated 05/09/2025, stated the following: "[Resident 1] was out with [Driver B] [Caregiver C] got a call saying [Resident 1] got out of the car before [Driver B] and started walking up the ramp to the [bank] when [Resident 1] started shaking and yelling and ended up falling as [Driver B] got out the car to get [Resident 1]. Upon arriving at [facility] [Resident 1] said [s/he] felt fine and just wanted to lay down." On 07/28/2025, Surveyor completed a review of the Department facility folder. Surveyor did not observe any self-reports submitted to the Department in 2025. On 07/28/2025, at approximately 12:00 PM, Surveyor interviewed Administrator A. Administrator A stated Resident 1 denied medical treatment after the fall. Administrator A stated Resident 1 called the ambulance on 05/10/2025 complaining of pain due to the fall that occurred on 05/09/2025. Administrator A stated s/he did	M 134		

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M 134	Continued From page 2 not report Resident 1's fall to the Department. Administrator A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 134		
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 2 of 2 service providers (Caregiver C and Caregiver D) were screened for illness detrimental to residents, including tuberculosis (TB). Caregiver C's record did not contain documentation of being screened for illness detrimental to residents. Caregiver D's record did not contain documentation of being screened for illness detrimental to residents or TB test results. Findings include: On 07/28/2025, Surveyor reviewed Caregiver C's and Caregiver D's records and identified the	M 232		

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M 232	Continued From page 3 following: -Caregiver C was hired on 06/27/2024. Caregiver C's employee record did not contain documentation s/he was screened for illness detrimental to residents. -Caregiver D was hired on 05/27/2025. Caregiver D's employee record did not contain documentation s/he was screened for illness detrimental to residents or TB test results. On 07/28/2025, at approximately 1:19 PM, Surveyor interviewed Administrator A. Administrator A confirmed Caregiver C's record did not contain documentation of being screened for illness detrimental to residents and Caregiver D's record did not contain documentation of being screened for illness detrimental to residents or TB test results. Administrator A stated s/he was aware of this requirement.	M 232		
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 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.	M 262		

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M 262	Continued From page 4 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 and interview, the provider did not ensure 2 of 2 ramps had handrails for 3 of 4 residents (Resident 2, Resident 3, and Resident 4). Resident 2 was not able to walk at all without the use of a wheelchair. Resident 3 and Resident 4 utilized a walker for mobility. Findings include: On 07/28/2025, at approximately 8:24 AM, Surveyor toured the facility and observed the following: -The front exit ramp did not have a handrail on right side of ramp. -The back exit ramp did not have a handrail on the right side of the ramp. -The left side of the back exit ramp had a 2-inch wide by 4-inch high by approximately 4 feet long piece of wood attached to the side of the home to serve as a handrail. It was painted white to match the siding of the home. It was approximately 3 feet shorter than the ramp length, so the top of the ramp did not have a handrail for approximately 1 foot, and the bottom did not have a handrail for approximately 2 feet. The piece of wood protruded outward approximately 1 inch so the person holding onto it had a bit of space to	M 262		

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M 262	Continued From page 5	M 262		

wrap their hand around it. Surveyor had difficulty grabbing the 2 by 4 piece of wood due it being attached very closely to the home siding.

On 07/28/2025, Surveyor reviewed Resident 1's record and identified the following:

-Resident 2 was admitted to the provider's home on 03/17/2025.

-Resident 2's Individual Service Plan, dated 04/03/2025, stated the following: "Mobility & Walking: [Resident 2] requires monitoring and cuing with all walking needs. Issuance of verbal prompting and physical assistance as needed. Uses a wheelchair."

On 07/28/2024, Surveyor reviewed Resident 3's record and identified the following:

-Resident 3 was admitted to the provider's home on 02/10/2020.

-Resident 3's Individual Service Plan, dated 04/24/2025, stated the following: "Mobility & Walking: [Resident 3] requires monitoring and cuing with all walking needs. Issuance of verbal prompting and physical assistance as needed."

On 07/28/2024, Surveyor reviewed Resident 4's record and identified the following:

-Resident 4 was admitted to the provider's home on 05/16/2022.

-Resident 4's Individual Service Plan, dated 04/03/2025, stated the following: "Mobility & Walking: [Resident 4] can walk and ambulate independently. [Resident 4] does have a walker use it sometimes."

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M 262	Continued From page 6 On 07/28/2025, at approximately 9:50 AM, Surveyor interviewed Administrator A. Administrator A confirmed Resident 2 was not able to walk at all without the use of a wheelchair and Resident 3 and Resident 4 utilized a walker for mobility. Administrator A acknowledged the above issues regarding handrails. Administrator A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 262		
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 1 of 1 resident (Resident 1) reviewed was evaluated annually for evacuation time, using the Department's form. Resident 1 had not been evaluated for evacuation for calendar years 2023 and 2024 using the Department's form. Findings include: The facility is licensed to provide services for up to 4 residents with client groups of advanced aged, physically disabled, traumatic brain injury, developmentally disabled, emotionally disturbed/mental illness, and terminally ill.	M 346		

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M 346	Continued From page 7 On 07/28/2025, Surveyor reviewed Resident 1's record. Resident 1's record indicated the following: -Resident 1 was admitted to the provider's home on 12/02/2022. -Resident 1's record did not contain evidence of an evacuation assessment for calendar years 2023 and 2024. On 07/28/2025, at approximately 12:37 PM, Surveyor interviewed Administrator A. Administrator A confirmed Resident 1's record did not contain an evacuation assessment for 2023 and 2024. Administrator A stated s/he was aware of this requirement. Administrator A stated s/he did not know why evacuation assessments for 2023 and 2024 were not completed.	M 346		
M 392	88.06(2)(c)3 ALL CHARGES AND SECURITY DEPOSITS Charges for room and board and services and any other applicable expenses, and the amount of the security deposit, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a service agreement, indicating the charges for room and board and services, was provided for 2 of 2 residents (Resident 1 and Resident 2) reviewed. Findings include: On 07/28/2025, Surveyor reviewed residents'	M 392		

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M 392	Continued From page 8 records and identified the following: - Resident 1 was admitted to the provider's home on 12/02/2022. Resident 1's service agreement was signed by him/her on 12/02/2022. Resident 1's service agreement did not include information regarding what costs would be charged for the resident's room and board or other services. - Resident 2 was admitted to the provider's home on 03/17/2025. Resident 2's service agreement was signed by him/her on 03/13/2025. Resident 2's service agreement did not include information regarding what costs would be charged for the resident's room and board or other services. On 07/28/2025, at approximately 12:37 PM, Surveyor interviewed Administrator A. Administrator A confirmed the service agreements did not include information relating to specific charges for each residents' room and board or other services. Administrator A stated s/he was not aware it was a requirement to list the amounts of room and board and other services on the service agreements.	M 392		
M 456	88.07(2)(e) ANNUAL HEALTH EXAM The licensee shall ensure that each resident has an annual health exam by a physician. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) reviewed had an annual health exam by a physician. There was no record of an annual health exam for Resident 1 in 2023 and 2024.	M 456		

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M 456	Continued From page 9 Findings include: On 07/28/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 12/02/2022. -Resident 1's record did not contain an annual health exam for Resident 1 in 2023 and 2024. On 07/28/2025, at approximately 12:37 PM, Surveyor interviewed Administrator A. Administrator A confirmed Resident 1 did not have an annual health exam in 2023 and 2024. Administrator A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 456		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 residents' (Resident 1, and Resident 4) prescription medications were	M 458		

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M 458	Continued From page 10	M 458		

securely stored. Resident 1's Ozempic pens, and disposable needles were not securely stored in the kitchen refrigerator. Resident 4's insulin pens were not securely stored in the kitchen refrigerator.

Findings include:

The facility is licensed to provide services for up to 4 residents with client groups of advanced aged, traumatic brain injury, developmentally disabled, emotionally disturbed/mental illness, and terminally ill.

On 07/28/2025, at approximately 9:39 AM, Surveyor toured the kitchen and observed the following:

-Resident 1's Ozempic 1 milligram/3 milliliter pens (2) were not securely stored in the refrigerator. Resident 1's Ozempic pens were located on the third shelf in refrigerator in a Sentry Safe black unlocked box.

-Resident 1's NovoFine Plus 32-gauge disposable needles (3) were not securely stored in the refrigerator. Resident 1's NovoFine Plus 32-gauge disposable needles were located on the third shelf in refrigerator in a Sentry Safe black unlocked box.

-Resident 4's Lantus Solostar (15 pens) were not securely stored on the third shelf in refrigerator in a pharmacy bag.

On 07/28/2025, at approximately 9:39 AM, Surveyor interviewed Administrator A. Administrator A confirmed all prescription medications were to be securely stored. Administrator A stated s/he did not know why

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M 458	Continued From page 11 medications were not securely stored.	M 458		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an accurate record of medication administration for 1 of 1 resident (Resident 1). The Medication Administration Records (MARs) for Resident 1 contained omissions in May 2025. Findings include: On 07/28/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 12/02/2022. Surveyor reviewed Resident 1's MAR for the month of May 2025. The following entries in Resident 1's MARs were blank: 8:00 AM: -Methocarbamol 500 milligrams (mg) tablet by	M 466		

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M 466	Continued From page 12 mouth twice daily for 5 days - 05/01/2025-05/05/2025. 8:00 PM: -Methocarbamol 500 mg tablet by mouth twice daily for 5 days - 05/01/2025-05/05/2025. On 08/08/2025, at approximately 4:07 PM, Surveyor interviewed Administrator A. Administrator A confirmed Resident 1 required staff assistance with medication administration. Administrator A confirmed the MARs should have been documented accurately. Administrator A stated the medication was given and staff did not document that medication was given.	M 466		