STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017125	A. BUILDING: _____ B. WING _____	C 06/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COZY AURORA ADULT FAMILY HOME LLC	2719 MARYLAND AVE RACINE, WI 53403

(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 06/17/2024, Surveyors conducted a standard survey and a complaint investigation at Cozy Aurora Adult Family Home LLC, an Adult Family Home (AFH) in Racine, WI. Three deficiencies identified. Complaint unsubstantiated. 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 2 employees reviewed received tuberculosis (TB) skin tests. Caregiver C did not have evidence of a TB skin test within 90 days prior to start of service. Findings include: On 06/17/2024, Surveyors reviewed Caregiver C's record. Caregiver C was hired on	M 232		

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

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M 232	Continued From page 1 04/23/2024. Caregiver C's record did not contain evidence of a TB skin test within 90 days prior to start of service. On 06/17/2024 at approximately 10:00 AM, Surveyors interviewed House Manager A and Manager B. House Manager A and Manager B stated Caregiver C's TB skin test should have been in his/her record, and they would go back to the office and check their files to ensure they did not miss it. Surveyors gave House Manager A and Manager B until 5:00 PM on 06/17/2024 to send any additional information. As of 06/17/2024, at 5:30 PM, no additional information regarding Caregiver C's TB skin test was received.	M 232		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a well-maintained and home like environment for 3 of 3 residents in the home. The living room blinds were broken and had a bed sheet over it. The furniture was worn and needed repair. There were standing water concerns in the basement. Findings include:	M 276		

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M 276	Continued From page 2 On 06/17/2024, at approximately 9:30 AM, Surveyors toured the facility. During the tour, Surveyors observed the following: -living room vent brown due to being rusted and had dust caked all over -four to five blinds broken in half of living room window with a white bed sheet over it -recliner by front door had brown stain on left arm of chair and on the cushion of the seat about 2 inches by 4 inches -wall in living room by outlet had 4 inch by 4 inch hole in the wall with mesh tape over it -wall outlet for cable and internet was completely out of wall and not intact -basement had puddle of water on floor about 12 feet by 8 feet long due to furnace/air conditioning unit not having a drain hose attached. Drain hose had black debris in the tube consistent with mold. -bathroom vent brown due to being rusted and had dust caked all over On 06/17/2024 at approximately 11:00 AM, Surveyors interviewed House Manager A and Manager B. House Manager A and Manager B stated they would start fixing the house issues immediately.	M 276		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the	M 332		

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M 332	Continued From page 3 head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 fire extinguishers were inspected annually by an authorized dealer or the local fire department for 1 of 1 year reviewed (2023). Findings include: On 06/17/2024 at approximately 9:30 AM, Surveyors conducted a tour. Surveyors observed fire extinguishers in the kitchen and in the basement were dated April 2023. On 06/17/2024, at approximately 10:30 AM, Surveyors interviewed House Manager A and Manager B. House Manager A and Manager B stated they were aware the fire extinguishers were not up to date and House Manager A stated s/he would take them that day to get inspected.	M 332		