

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0020725	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/28/2026
NAME OF PROVIDER OR SUPPLIER TIMELESS MANOR LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3304 INDIANA ST RACINE, WI 53405		
(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 07/28/2026, Surveyor conducted a standard survey and 1 complaint investigation at Timeless Manor LLC. Seven deficiencies were identified. One complaint was unsubstantiated. 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	M 114		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 114	Continued From page 1 provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure complete background checks were completed for 2 of 2 employees (Caregiver C and Caregiver D) reviewed. A complete background check consists of the following three parts: 1. A completed Background Information Disclosure (BID) form. 2. A report of findings from the Department of Justice (DOJ). 3. Governmental Findings Report (previously "IBIS letter") from the Department of Health Services. Findings include: On 07/28/2026, Surveyor reviewed staff files and identified the following: Caregiver C's date of hire was 05/06/2026. Caregiver C's record did not contain a DOJ report or Governmental Findings Report. Caregiver D's date of hire was 06/26/2026. Caregiver D's record did not contain a BID form, DOJ report or Governmental Findings Report.	M 114		

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M 114	Continued From page 2 On 07/28/2026, at approximately 3:00 PM, Surveyor interviewed Licensee A and Co-owner B regarding Caregiver C's and Caregiver D's incomplete background checks. Licensee A reported they understood what was required to obtain a complete background check and would have this corrected immediately.	M 114		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 service providers reviewed completed 15 hours of training approved by the licensing agency related to health, safety, and welfare of residents; resident rights, and treatment appropriate to residents served prior to or within 6 months after starting to provide care. Caregiver C and Caregiver D were not trained in resident rights prior to or within 6 months of hire. Findings include: On 07/28/2026, Surveyor reviewed employee	M 244		

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M 244	Continued From page 3 records and identified the following: -Caregiver C was hired 06/26/2026. Caregiver C's record did not contain evidence of training in resident rights. -Caregiver D was hired 05/06/2026. Caregiver D's record did not contain evidence of training in resident rights. On 07/28/2026, at approximately 3:00 PM, Surveyor interviewed Licensee A and Co-owner B regarding Caregiver C's and Caregiver D's incomplete training record. Licensee A confirmed both caregivers were missing Residents Rights training, and they would ensure all employees receive this training in the future.	M 244		
M 298	88.05(3)(g) WINDOWS AND VENTILATION The home shall have ventilation for health and comfort. There shall be at least one window which is capable of being opened to the outside in each resident sleeping room and each common room used by residents. Windows used for ventilation shall be screened during appropriate seasons of the year. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 4 residents' bedrooms had at least 1 screened window which was capable of being opened to the outside. The bedroom identified as bedroom 2 had 2 windows with no screens. Findings include: On 07/28/2026, at approximately 1:00 PM ,	M 298		

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M 298	Continued From page 4 Surveyor toured the home and observed the following: The bedroom identified as bedroom 2 on the floor plan had 2 windows. Both windows were missing a screen. On 07/28/2026, at approximately 3:00 PM, Surveyor interviewed Licensee A and Co-owner B regarding the missing screens. Co-owner B confirmed a resident had taken the screens out and they had been unable to locate them. reporting they would have them replaced immediately.	M 298		
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 each resident was evaluated within 3 days of admission, using the form provided by the department to determine whether the resident was able to evacuate the home without any help within 2 minutes for 2 of 2 residents reviewed. Resident 1 and Resident 2 were not evaluated within 3 days of being admitted. Findings include:	M 346		

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M 346	Continued From page 5 On 07/28/2026, Surveyor reviewed resident records and identified the following: -Resident 1 was admitted on 12/15/2025 with diagnoses including hypothyroidism, behavior disturbance, obsessive compulsive disorder, depression and down syndrome. Resident 1 is ambulatory. Resident 1's record did not include the Resident Evacuation Assessment which was due to be completed by 12/18/2025. -Resident 2 was admitted on 01/24/2026 with diagnoses including depression, anxiety, coronary artery disease, diabetes, and morbid obesity. Resident 2 is ambulatory. Resident 2's record did not include the Resident Evacuation Assessment which was due to be completed by 1/27/2026. On 07/28/2026, at approximately 3:00 PM, Surveyor interviewed Licensee A and Co-owner B regarding the absence of evacuation assessment in the resident records. Licensee A confirmed neither residents were assessed for evacuation needs within 3 days of moving in. Licensee A reported s/he would add this duty to the move-in check list.	M 346		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a	M 380		

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M 380	Continued From page 6 registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that each resident admitted to the facility received a health examination to identify health problems and was screened for communicable disease, including tuberculosis (TB), for 2 of 2 residents reviewed (Resident 1 and Resident 2). Findings include: On 07/28/2026, Surveyor reviewed resident records and identified the following: -Resident 1 was admitted on 12/15/2025 with diagnoses including hypothyroidism, behavior disturbance, obsessive compulsive disorder, depression and down syndrome. Resident 1's record did not include an admission health examination or a screening for communicable disease, including TB. -Resident 2 was admitted on 01/24/2026 with diagnoses including depression, anxiety, coronary artery disease, diabetes, and morbid obesity. Resident 2's record did not include an admission health examination or a screening for communicable disease, including TB. On 07/28/2026, at approximately 3:00 PM, Surveyor interviewed Licensee A and Co-owner B regarding the missing TB tests and free from communicable diseases documentation for	M 380		

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M 380	Continued From page 7 Resident 1 and Resident 2. Licensee A confirmed they could not find documentation which showed the residents had been screened for communicable disease, including tuberculosis (TB). Licensee A stated they would make appointments for both residents immediately and add the information to the records.	M 380		
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 keep a complete record of all prescription medications administered by the staff for 1 of 1 resident. Resident 1's medication administration record (MAR) did not contain documentation of all medication administered by staff from 07/16/2026 to 07/26/2026. Findings include: On 07/28/2026, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 12/15/2025 with diagnoses including hypothyroidism, behavior	M 466		

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M 466	Continued From page 8 disturbance, obsessive compulsive disorder, depression and down syndrome. Resident 1's Individualized Service Plan (ISP), dated 12/15/2025, read, "[Resident 1] is not able to properly administer his/her own medication." Surveyor reviewed Resident 1's Medication Administration Record (MAR) and identified the following instructions for administration of lorazepam effective on 07/16/2026: Lorazepam 1 milligram (MG) tablet by mouth at bedtime. May repeat after 1 hour, maximum 2 tablets each day as needed. Delivery of a 31-day supply of lorazepam prescribed to Resident 1 was received on 07/16/2026. Surveyor observed 9 of 31 tablets had been removed from the prescription card. Resident 1's MAR did not contain signatures indicating any lorazepam was administered by staff on the following days: -July 16th, 2026 -July 17th, 2026 -July 18th, 2026 -July 19th, 2026 -July 20th, 2026 -July 21st, 2026 -July 22nd, 2026 -July 23rd, 2026 -July 24th, 2026 -July 25th, 2026 -July 26th, 2026 -July 27th, 2026 On 07/28/2026, at approximately 2:00 PM,	M 466		

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M 466	Continued From page 9 Surveyor interviewed Caregiver D who confirmed Resident 1 had received a new order for lorazepam effective 07/16/2026. Caregiver D reported Resident 1 had been receiving the new medication as needed but it had not been recorded. On 07/28/2026, at approximately 3:00 PM, Surveyor interviewed Licensee A and Co-owner B regarding the unsigned medication spaces for 9 pills gone from Resident 1's supply of lorazepam. Licensee A reported they were unsure why the medication was not signed out, and confirmed they will re-train staff on proper medication administration procedures.	M 466		
M 570	88.10(3)(I) 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 a safe physical environment for 1 of 1 residents' bathroom. The hot water temperature from the bathroom faucet was 152° Fahrenheit (F). Residents had independent	M 570		

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M 570	Continued From page 10 access to the sink. Findings include: The facility was licensed on 05/07/2025 to provide services to residents with primary diagnoses including traumatic brain injury, physical disabilities, irreversible dementia/Alzheimer's disease, developmental disabilities, advanced age, and emotionally disturbed/mental illness. On 07/28/2025, at approximately 12:20 PM, Surveyor measured the hot water temperature coming from the faucet in the residents' bathroom sink. The temperature was 153° F. Four of 4 residents in the home were ambulatory and able to use the restroom independently. On 07/28/2026, at approximately 3:00 PM, Surveyor interviewed Licensee A and Co-owner B regarding the hot water. Co-owner B expressed surprise the temperature was so high and agreed to have the maintenance man turn it down immediately. "Exposure to hot water is a potential 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)	M 570		

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