STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016388	A. BUILDING: _____ B. WING _____	R-C 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS 20 LLC TAYLOR	3200 TAYLOR 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 08/21/2025, Surveyor completed a standard survey, verification visit and complaint investigation. As a result, the previous deficiency was recited (see Statement of Deficiency WNWD11, dated 10/13/2022), and 2 new deficiencies were identified, for a total of 3 deficiencies. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 4	{M 000}		
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 complete an annual evacuation assessment review for 1 of 2 residents who lived in the facility beyond one year. Resident 1 did not have an evacuation assessment completed in June 2025. Findings include: On 08/19/2025, at 11:25 AM, Surveyors reviewed Resident 1's record. Resident 1 was admitted to the facility on 06/05/2024 with diagnosis of developmentally disabled. Resident 1's record	M 346		

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

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M 346	Continued From page 1 contained an evacuation evaluation dated 06/05/2024. Resident 1's record did not contain evidence of an updated evaluation in June 2025. On 08/18/2025, at 12:40 PM, Surveyors interviewed Administrator A and Chief Operating Officer (COO) B. Administrator A and COO B confirmed the code requirement. COO B reported they would ensure the evaluation was completed immediately.	M 346		
{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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a resident's individual service plan (ISP) was reviewed every 6 months and with changes for 2 of 3 residents (Resident 1	{M 424}		

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{M 424}	Continued From page 2	{M 424}		

and Resident 3). Resident 1's ISP did not include behaviors or interventions. Resident 3's ISP was not reviewed in May 2025 and did not include correct information.

This is a repeat deficiency. See Statement of Deficiency (SOD) WNWD11, dated 10/13/2022.

Findings include:

On 08/18/2025, at 10:40 AM, Surveyor entered the facility. Surveyor observed Resident 3. Resident 3 utilized a motorized scooter for ambulation and had left arm paralysis.

At 10:50 AM, Surveyor observed the medication closet. Surveyor observed chips and cookies inside the secured medication closet. Caregiver C reported Resident 1 had behaviors with overeating, so the snacks were locked in the medication closet.

On 08/18/2025, at 11:25 AM, Surveyor reviewed resident records and identified the following:

Resident 1 was admitted to the facility on 06/05/2024 with diagnosis of developmentally disabled. Resident 1's record contained an ISP, dated 06/17/2025. Resident 1's ISP indicated the following:

No dietary restrictions
Needs minimal redirection for self-direction ability
Previous history of aggressive behaviors, no other behaviors noted

Surveyor reviewed behavior tracking for Resident 1 in 2024 which indicated the following:

07/31/2024 at 8:00 PM - eating too much food

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{M 424}	Continued From page 3 08/26/2024 at 11:00 PM - eating Resident 3 was admitted to the home on 06/03/2024, with diagnoses including stroke, depression, diabetes, and heart failure. Resident 3's record contained an ISP dated, 11/03/2024. Resident 3's ISP was due to be reviewed in 05/2025. Resident 3's ISP indicated Resident 3 did not have any physical disabilities. On 08/18/2025, at 12:40 PM, Surveyors interviewed Administrator A and Chief Operating Officer (COO) B. Administrator A confirmed the code requirement. Administrator A reported s/he or Nurse D completed the ISPs. Administrator A reported s/he was unaware of the new behavior for Resident 1 with overeating as s/he just completed an ISP review. Surveyor relayed concerns with the behavioral tracking from 2024 indicated the behavior and staff were still locking up snack food as an intervention. Administrator A did not offer an explanation regarding Resident 3's ISP not being reviewed or not containing correct information. COO B indicated they would need to develop a better system to ensure ISPs were completed and correct.	{M 424}		
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.	M 458		

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M 458	Continued From page 4	M 458		

This Rule is not met as evidenced by:
Based on observation and interview the provider did not ensure medications were destroyed when expired for 2 of 4 residents (Resident 1 and Resident 2). Resident 1's, and Resident 2's medication bins contained expired medications.

Findings include:

On 08/18/2025, at 10:50 AM, Surveyors toured the facility and observed the following in the medication closet:

Resident 1' s medication bin contained the following expired medication:
- Acetaminophen 500 milligram (mg) tablets, 7 tablets, expiration date 06/12/2025
- Tizanidine 2 mg tablets, 30 tablets, expiration date 06/12/2025

Resident 2's medication bin contained the following expired medications:
- Docusate sodium capsules 100 mg, 24 capsules, expiration date 07/09/2025
- Epinephrine 0.3 mg injection, 2 pens, expiration date 07/09/2025
- Combivent Respimat inhaler, expiration date 07/09/2025
- Ibuprofen 600 mg tablets, 16 tablets, expiration date 07/09/2025

On 08/18/2025, at 11:00 AM, Surveyor interviewed Administrator A. Manager A confirmed

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M 458	Continued From page 5 the code requirement. Administrator A reported lead staff were responsible for ensuring expired medications were removed from the medication bins. Administrator A reported they just had a turnover of house lead staff, and s/he would ensure the medications were reviewed every month.	M 458		