STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012795	A. BUILDING: _____ B. WING _____	07/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EXCEL	2220 SUMMIT AVE RACINE, WI 53404

(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 07/21/2026, Surveyor completed a standard survey at Excel. As a result, 2 deficiencies were identified. Census:4	M 000		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 (Caregiver B) of 2 caregivers reviewed received training in standard precautions annually, as required in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. Caregiver B did not receive training in standard precautions prior to starting to provide care. The OSHA standard requires the employer train each employee with occupational exposure, "At the time of initial assignment to tasks where occupational exposure may take place" per 1910.1030(g) (2)(ii)(A); and "At least annually thereafter," per 1910.1030(g)(2)(ii) (B).	M 235		

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

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M 235	Continued From page 1 Findings include: On 07/21/2026 at approximately 9:11 AM, Surveyor completed an onsite survey at Excel. Upon arrival, Surveyor observed Caregiver B being the only caregiver helping with daily care within the adult family home. On 07/21/2026 at approximately 10:00 AM, Surveyor reviewed Caregiver B's employee file. Caregiver B was hired on 03/05/2026. Caregiver B's file included a job description which indicated Caregiver B may be exposed to bloodborne pathogens. Caregiver B's file did not include evidence that indicated Caregiver B completed training related to standard precautions. On 07/21/2026 at approximately 10:00 AM, as Surveyor reviewed Caregiver B's employee file, Surveyor interviewed Licensee A and Caregiver B. Licensee A reported caregivers are to complete training through the training program, Alea, prior to providing care. Licensee A reviewed Caregiver B's file and found that Individual C assigned required trainings for individuals who are CBRF certified. Licensee A and Caregiver B denied Caregiver B was CBRF certified. Caregiver B reported receiving training in standard precaution when he/she was employed at a different assisted living facility but denied having documentation that indicated he/she completed training in standard precaution.	M 235		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered	M 466		

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M 466	Continued From page 2	M 466		

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 accurate records were kept of all prescription medications administered for 4 of 4 residents.

Resident 1's, Resident 2's, Resident 3's, and Resident 4's Medication Administration Records (MAR) contained blanks where medication administration should have been initialed by the med passer.

Findings include:

On 07/21/2026 at approximately 9:11 AM, Surveyor toured the medication file cabinet. Surveyor observed all medications to be placed in blister packs. Surveyor observed each residents' blister packs to be up to date on administered medications.

On 07/21/2026 at approximately 10:00 AM, Surveyor reviewed residents' records. The following was identified:

Resident 1 was admitted into the adult family home on 06/03/2024. Resident 1's MARs, dated 07/09/2026 to 08/05/2026, included blank spaces on 07/18/2026 and 07/19/2026 where medication administration should have been initialed by the

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M 466	Continued From page 3	M 466		

med passer. In addition, no rationale was documented on why medication administration was not documented:

Amlodipine 5 milligrams (MG), 08:00 AM
Atorvastatin 40 MG tablet, 8:00 PM
Fluoxetine hydrochloride (HCL) 10 MG capsule, 8:00 AM
Lamotrigine 100 MG tablet, 8:00 PM
Methenamine Hipp 1 gram (GM), 8:00 PM
Olanzapine 20 MG tablet, 8:00 AM
Omeprazole delayed release (DR) 20 MG capsule, 8:00 AM
Sodium bicarb 650 MG tablet - 8:00 AM, 12:00 PM, and 4:00 PM
Trazadone 50 mg tablet, 8:00 PM

Resident 2 was admitted into the adult family home on 05/28/2024. Resident 2's MARs, dated 07/09/2026 to 08/05/2026, included blank spaces on 07/18/2026 and 07/19/2026 where medication administration should have been initialed by the med passer. In addition, no rationale was documented on why medication administration was not documented:

Atorvastatin 40 MG tablet, 8:00 PM
Hydrochlorothiazide 12.5 MG tablet, 8:00 AM
Metoprolol extended release (ER) tablet, 8:00 AM
Omeprazole delayed release (DR) 20 MG capsule, 8:00 AM
Potassium ER 10 milliequivalent (MEQ) tablet, 8:00 AM
Quetiapine fumarate 100 MG tablet - 8:00 AM and 8:00 PM
Vitamin D3 50 micrograms (MCG) capsule, 8:00 AM

Resident 3 was admitted into the adult family home on 05/22/2017. Resident 3's MAR, with a

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report date of 07/26, included blank spaces on 07/18/2026 and 07/19/2026 where medication administration should have been initialed by the med passer. In addition, no rationale was documented on why medication administration was not documented:

Fluoxetine 20 Milligrams (MG), 8:00 AM
Clopidogrel 75 MG tablet, 8:00 AM
Metoprolol 25 MG tablet - 8:00 AM and 8:00 PM
Quetiapine 100 MG tablet - 8:00 AM and 8:00 PM
Memantine 10 MG tablet - 8:00 AM and 8:00 PM
Donepezil 10 MG tablet, 8:00 PM
Atorvastatin 80 MG tablet, 8:00 PM

Resident 3 was admitted into the adult family home on 05/22/2017. Resident 3's MAR, with a report date of 07/26, included blank spaces on 07/19/2026 where medication administration should have been initialed by the med passer. In addition, no rationale was documented on why medication administration was not documented:

Vitamin D capsule, 8:00 AM
Risperidone 0.25 milligrams (MG), 8:00 AM
Polyeth Glyc Powder, 8:00 AM
Omeprazole 20 MG capsule, 8:00 AM
Losartan 25 MG tablet, 8:00 AM
Linzess 145 micrograms (MCG) capsule, 8:00 AM
Fuosemide 40 MG tablet, 8:00 AM
Fluoxetine 40 MG capsule, 8:00 AM
Fluoxetine 20 MG capsule, 8:00 AM
Divalproex extended release (ER) 500 MG, 8:00 AM
Benztropine 1MG tablet, 8:00 AM
Memantine 10 MG tablet - 8:00 AM and 8:00 PM
Gabapentin 300 MG capsule - 8:00 AM, 4:00 PM, and 8:00 PM
Buspirone 15 MG tablet - 8:00 AM, 4:00 PM, and

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M 466	Continued From page 5 8:00 PM Trazadone 100 MG tablet, 8:00 PM Simvastatin 20 MG tablet, 8:00 PM Mirtazapine 7.5 MG tablet, 8:00 PM On 07/21/2026 at approximately 11:28 AM, Surveyor interviewed Licensee A. Licensee A was not aware the caregiver who worked on 07/18/2026 and 07/19/2026 did not sign out medications that were administered on 07/18/2026 and 07/19/2026. Licensee A stated he/she would have a conversation with the caregiver who worked on both dates regarding why the medications were not signed out. Licensee A reported caregivers are taught to complete live charting and the medications should have been signed out at the time the medications were administered.	M 466		