STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017826	A. BUILDING: _____ B. WING _____	R 09/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS ASSISTED LIVING	**3205 WHEELOCK DRIVE 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 09/22/2026, Surveyor completed 1 complaint investigation, standard survey and verification visit at Open Arms Assisted Living. As a result, Statement of Deficiency IZFQ11 was corrected with 1 new deficiency identified. One complaint was substantied. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure services identified in each resident's Individual Service Plan (ISP) was provided for 1 of 1 resident (Resident 1) reviewed. Resident 1 attended a radiation appointment on 08/26/2026 without the support of facility staff. Resident 1's ISP indicated s/he required staff assistance with all medical appointments. Findings include:	M 436		

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

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M 436	Continued From page 1 On 08/28/2026, the department received a complaint regarding a lack of services provided at medical appointments. On 09/22/2026, at approximately 12:00 PM, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the facility on 06/08/2026 with diagnoses of anxiety disorder, depression, arthritis, asthma, chronic obstructive pulmonary disease, hypertension, fibromyalgia, peripheral neuropathy, obesity, metastatic non-small cell lung cancer (diagnosed 08/21/2026) and acute metabolic encephalopathy (diagnosed 8/24/2026). Resident 1 had an activated power of attorney of healthcare as of 08/24/2026. -Resident 1's ISP with an original date of 07/08/2023, updated 03/15/2026, stated the following: Staff Support Methods: "STAFF WILL ATTEND ALL MEDICAL APPOINTMENTS. STAFF WILL NOTIFY MANAGEMENT IF THERE IS ANY CHANGE IN CONDITION." On 09/22/2026, at approximately 1:00 PM, Surveyor reviewed Resident 1's service agreement. The service agreement was signed and dated 06/08/2023. The service agreement stated, " Open Arms Assisted Living will assist you with making arrangements for transportation services to employment, recreational or leisure activities, medical appointments and will accompany you as identified on your individual service plan." On 08/28/2026, Surveyor interviewed Master of Social Work (MSW) I. MSW I reported Resident 1 was dropped off for his/her radiation treatment on	M 436		

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M 436	Continued From page 2 08/26/2026. MSW I reported Resident 1 was alone and was in a power wheelchair. MSW I reported Resident 1 was unable to control the power wheelchair and ran into a counter while at the appointment. MSW I reported Resident 1 obtained a skin tear to his/her arm. MSW I reported Resident 1 was deemed incapacitated on 08/24/2026 and should have been accompanied by someone from the facility. MSW I reported s/he sat with Resident 1 for 1.5 hours until a staff member from the facility arrived to pick up Resident 1. MSW I reported a care conference took place on 08/27/2026 to discuss Resident 1's needs while attending medical appointments. MSW I reported facility staff indicated Resident 1 would be accompanied by staff for all future medical appointments. On 9/22/2026, at approximately 12:25 PM, Surveyor, interviewed Administrator A and Chief Operating Officer B(COO B). Administrator A reported Resident 1 was deemed incapacitated on 08/24/2026 while residing at the hospital. Resident 1 was admitted to the hospital on 08/21/2026 and discharged on 08/25/2026. Administrator A reported Resident 1 had his/her 1st radiation appointment on 08/26/2026. Administrator A reported staff dropped Resident 1 off at his/her appointment. Administrator A reported staff went into the building and assisted Resident 1 with checking in for his/her appointment and then staff left Resident 1 in the lobby. Surveyor asked Administrator A if staff would normally accompany Resident 1 to his/her appointments. Administrator A and COO B reported Resident 1 would sometimes request to attend his/her appointments independently. Administrator A reported Resident 1 indicated s/he did not need anyone to attend the appointment with him/her on 08/26/2026.	M 436		

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M 436	Continued From page 3 Surveyor reviewed Resident 1's ISP and the ISP did not contain documentation of Resident 1's request to attend medical appointments independently. Administrator A and COO B indicated a care conference took place on 08/27/2026 and the decision was made to ensure Resident 1 had someone accompany him/her to all medical appointments. On 09/22/2026, at approximately 1:30 PM, Surveyor interviewed Resident 1. Resident 1 reported s/he always has someone with him/her when going to appointments. Resident 1 reported s/he does not like going to the hospital and enjoyed having someone accompany him/her. Surveyor did not observe any skin tears on Resident 1's left or right arm. Resident 1 reported s/he no longer used his/her power wheelchair, and s/he had a manual wheelchair which required staff to assist him/her with transporting.	M 436		