STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013672	A. BUILDING: _____ B. WING _____	09/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABOVE AND BEYOND ADULT FAMILY HOME	5404 WRIGHT AVENUE RACINE, WI 53406

(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 09/30/2026, Surveyor completed a standard survey at Above and Beyond Adult Family Home. As a result, 2 deficiencies were identified. Census: 4	M 000		
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 review 3 of 3 resident's (Resident 1, Resident 2, and Resident 3) Individual Service Plan (ISP), every 6 months in 2024, 2025, and 2026. Resident 1's ISP was not reviewed every 6	M 424		

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

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M 424	Continued From page 1	M 424		

months in 2024, 2025, and 2026.
Resident 2's ISP was not reviewed every 6 months in 2024, 2025, and 2026.
Resident 3's ISP was not reviewed every 6 months in 2024 and 2026.

Findings include:

On 09/30/2026 at approximately 7:00 AM, Surveyor reviewed resident records. The following was identified:
Resident 1 was admitted to the adult family home on 12/02/2022. Resident 1's record contained 4 ISPs. The first ISP was dated, 09/12/2023, the second ISP was dated, 12/1/2024, the third ISP was dated, 06/09/2025, and the fourth ISP was dated, 09/16/2026. Surveyor observed no evidence Resident 1's ISP was reviewed and/or updated every 6 months in 2024, 2025, and 2026. At minimum, Resident 1's ISP should have been updated and/or reviewed 03/12/2024, 12/09/2025, and 06/09/2026.

Resident 2 was admitted to the adult family home on 03/12/2016. Resident 2's record contained 3 ISPs. The first ISP was dated, 11/15/2024, the second ISP was dated, 06/11/2025, and the third ISP was dated, 09/17/2026. Surveyor observed no evidence Resident 2's ISP was reviewed and/or updated every 6 months in 2024, 2025, and 2026. At minimum, Resident 2's ISP should have been updated and/or reviewed 05/15/2024, 12/11/2025, and 06/11/2026.

Resident 3 was admitted to the adult family home on 01/31/2024. Resident 3's record contained 4 ISPs. The first ISP was dated, 02/27/2024, the second ISP was dated, 03/11/2025, the third ISP was dated, 09/11/2025, and the fourth ISP was dated, 09/17/2026. Surveyor observed no

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	0013672	A. BUILDING: _____ B. WING _____	09/30/2026

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ABOVE AND BEYOND ADULT FAMILY HOME	5404 WRIGHT AVENUE RACINE, WI 53406

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M 424	Continued From page 2 evidence Resident 3's ISP was reviewed and/or updated every 6 months in 2024 and 2026. At minimum, Resident 3's ISP should have been updated and/or reviewed 08/27/2024 and 03/11/2026. On 09/30/2026 at 4:24 PM, Surveyor interviewed Administrator A. Administrator A disclosed he/she is responsible for reviewing and/or updating ISPs. Administrator A reported "ISPs are reviewed every 6 months to a year pending change of condition or when the resident's care team is scheduled for their annual care conference." Administrator A verbalized understanding that ISPs should be reviewed and/or updated every 6 months and upon change of condition.	M 424		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a written order from the physician who prescribed medications to the residents, stating who can administer the	M 464		

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M 464	Continued From page 3 medications for 1 (Resident 3) of 3 residents. Resident 3's record did not contain a written order to administer medications. Findings include: On 09/30/2026 at approximately 7:00 AM, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the adult family home on 01/31/2024. Surveyor reviewed Resident 3's medication administration record (MAR) for September 2026, and identified caregivers administered Resident 3's medications. Resident 3's record did not contain evidence of a written order for staff to administer medications to Resident 3. On 09/29/2026 at approximately 10:16 AM as Surveyor toured the medication cabinet with Supervisor B, Supervisor B confirmed staff administered Resident 3's medications. On 09/30/2026 at 4:24 PM, Surveyor interviewed Administrator A. Administrator A reported Resident 3's previous placement was a nursing home. Administrator A attempted to obtain a written order from the nursing home physician; however, the physician only provided an order to admit into an assisted living facility. Administrator A stated he/she would work with Resident 3's prescribing physician to obtain a written order stating who can administer medications for Resident 3.	M 464		