STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016022	A. BUILDING: _____ B. WING _____	R-C 09/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOTS RESIDENTIAL ADULT FAMILY HOMES	1715 LASALLE STREET LOWER RACINE, WI 53402

(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 09/21/2026, Surveyor completed a verification and 1 complaint investigation at Roots Residential Adult Family Home LLC - Lower Unit. As a result, 5 of the previous 8 deficiencies were corrected. Three of the previous deficiencies were re-cited. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 2	{M 000}		
{M 276}	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was safe, clean, well-maintained, and homelike. The home required repairs. This had the potential to affect 2 of 2 residents residing in the facility. This violation is being cited for a third time. See statement of deficiency (SOD) T6PA11, dated 07/22/2024, and SOD T6PA12, dated 02/07/2025. Findings include:	{M 276}		

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

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{M 276}	Continued From page 1 The home was licensed as an ambulatory adult family home caring for up to 3 residents in the client groups of developmentally disabled and emotionally disturbed/mental illness. On 09/21/2026, at approximately 10:00 AM, Surveyor conducted a tour of the facility and observed the following: Living Room - Two holes, approximately 3 inches x 3 inches, were observed on the living room laminate flooring. - The laminate was peeled up in the corner of the living room - the paint on the ceiling was peeled off and cracked in multiple areas. Common Bathroom - One light bulb base on the mirror was broken and was hanging. - The laminate flooring was peeled up in the corners and around the heater - floor tiles were cracked - The paint at the base of the shower was cracked and chipped - A brown substance similar to rust was present around the drain and metal soap holder in the shower - The bathroom paint was not completed On 09/21/2026, at approximately 1:00 PM, Surveyor interviewed Director of Human Resources (HR) B. HR B reported maintenance was aware of the issues and was still in the process of making repairs in the facility. HR B reported s/he would ensure the required repairs were completed.	{M 276}		

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{M 332}	Continued From page 2	{M 332}		
{M 332}	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 2 fire extinguishers were mounted. The fire extinguisher located in the basement was not mounted. This violation is being cited for a third time. See Statement of Deficiency (SOD) OGK414, dated 06/10/2021, and SOD T6PA12, dated 02/07/2025. Findings include: The home was licensed as an ambulatory adult	{M 332}		

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{M 332}	Continued From page 3 family home caring for up to 3 residents in the client groups of developmentally disabled and emotionally disturbed/mental illness. On 09/21/2026, at approximately 10:00 AM, Surveyor conducted a tour of the facility and observed the following: -The fire extinguisher located in the basement was placed on a ledge adjacent to the basement stairs. The fire extinguisher was not mounted. On 09/21/2026, at approximately 1:00 PM, Surveyor interviewed Director of Human Resources (HR) B. HR B reported the maintenance person had mounted the fire extinguisher after the prior survey but the mount broke. HR stated s/he would have the maintenance person remount the fire extinguisher in the basement.	{M 332}		
{M 570}	88.10(3)(l) 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:	{M 570}		

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{M 570}	Continued From page 4 Based on observation and interview, the provider did not safeguard residents who cannot fully guard themselves from environmental hazards. The provider did not ensure the dryer vent made of rigid venting was attached to the dryer. This is a repeat violation. See statement of deficiency (SOD) T6PA12, dated 02/07/2025. Findings include: On 09/21/2026, at approximately 10:00 AM, Surveyor conducted a tour of the facility and observed the following: -The dryer vent made of rigid venting was disconnected. A grey substance, similar to lint, was on the wall behind and above the dryer vent. On 09/21/2026, at approximately 1:00 PM, Surveyor interviewed Director of Human Resources (HR) B. HR B reported s/he was unaware the dryer vent was not attached. HR B reported s/he would ensure maintenance attached the dryer vent correctly.	{M 570}		