Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014727	A. BUILDING: _____ B. WING _____	R-C 09/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE AWAY FROM HOME	**3100 BARBARA DRIVE 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 09/03/2026, Surveyor completed an abbreviated survey and verification visit at Hope Away From Home. As a result, 6 previous deficiencies were corrected, and 3 new deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{M 000}		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the gas furnace was inspected and serviced every 3 years by a heating contractor or local utility company. Findings include: On 09/01/2026, at 10:49 AM, Surveyor reviewed the home's most recent furnace inspection. The furnace was last inspected on 01/17/2023. The furnace was due to be inspected in January 2026. On 09/01/2026, at 10:49 AM, Surveyor interviewed Licensee A. Licensee A reported s/he thought the furnace was inspected as required by the code. Licensee A reported s/he call the company to find out if there was another inspection completed since January 2023. As of 09/03/2026, at 8:00 AM, Surveyor did not	M 290		

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

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M 290	Continued From page 1 receive any further documentation of a furnace inspection.	M 290		
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 2 of 2 fire extinguishers were inspected annually by an authorized dealer. The fire extinguishers located in the kitchen and basement were last inspected July 2025. Findings include:	M 332		

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M 332	Continued From page 2 On 09/01/2026, at 10:59 AM, Surveyor toured the facility and observed the following: -The fire extinguisher, located in the kitchen had an inspection tag which identified the fire extinguisher was last inspected in July 2025. -The fire extinguisher, located in the basement, had an inspection tag which identified the fire extinguisher was last inspected in July 2025. On 09/01/2026, at 11:00 AM, Surveyor interviewed Licensee A. Licensee A confirmed the fire extinguishers were to be inspected annually. Licensee A reported s/he missed having the fire extinguishers inspected in July and usually had them inspected a month before they were due to ensure compliance. Licensee A reported s/he would have the fire extinguishers inspected immediately.	M 332		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the semi-annual fire drills documented the actual evacuation time for each drill for 2 of 2 years. Fire drills conducted in 2025 and 2026 did not indicate how long it took for the residents to evacuate. Findings include:	M 348		

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M 348	Continued From page 3 On 09/01/2026, at 10:49 AM, Surveyor reviewed the facility safety files and identified the following: 01/30/2025 at 7:20 PM - no evacuation time listed 07/01/2025 at 4:15 PM - no evacuation time listed 04/15/2026 at 8:02 AM - less than 35 seconds 08/16/2026 at 5:14 AM - less than 30 seconds Fire drills conducted in 2025 did not contain the time it took for the residents to evacuate the home. Fire drills conducted in 2026 did not contain the actual time it took the residents to evacuate the home. On 09/01/2026, at 10:55 AM, Surveyor interviewed Licensee A. Licensee A acknowledged Surveyors concerns regarding the documentation. Licensee A reported s/he thought the form was compliant with the code as s/he was utilizing a form from a managed care organization. Licensee A reported s/he would create her/his own form to ensure all fire drills contained the correct documentation.	M 348		