STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018232	A. BUILDING: _____ B. WING _____	C 05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH CROSSINGS	**2304 ABBE HILL DRIVE EAU CLAIRE, WI 54703**

(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 04/30/2026, Surveyor conducted a complaint investigation and abbreviated survey at North Crossings. Data collection continued through 05/06/2026. The complaint was substantiated. Two deficiencies were identified. Census: 4	M 000		
M 354	88.05(5) TELEPHONE TELEPHONE. A home shall provide a non-pay phone for residents to make and receive telephone calls. The home may require that long distance calls be made at a resident's own expense. Emergency telephone numbers, including numbers for the fire department, police, hospital, physician, poison control center and ambulance, shall be located on or near each telephone. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure emergency telephone numbers were located on or near each telephone. Findings include: On 02/17/2026, the Department received a complaint regarding staff supervision. On 04/30/2026 between 12:00 PM and 1:00 PM, Surveyor interviewed Assistant Program Director (APD) D, Resident 1, Resident 2, and Resident 3 and asked if the home had been unsupervised. APD D, Resident 1, Resident 2, and Resident 3	M 354		

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

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M 354	Continued From page 1 all confirmed staff did not show up on 12/27/2025 for the evening (PM) shift scheduled for 3:00 PM to 11:00 PM. Three of 3 residents reported concern when staff did not show up and reported they did not know who to contact. On 04/30/2026 at 12:49 PM, APM D informed Surveyor, Resident 2, and Resident 3 emergency numbers were in a binder on the bookshelf in the living room. Surveyor reviewed the contents of the binder and did not locate emergency numbers. APM D stated s/he thought they were located in the binder and acknowledged they were not there. APM D stated s/he had put up a contact list, but it was taken down because management did not want their phone numbers posted. On 05/06/2026 at approximately 8:55 AM, RD E stated via email s/he had met with all program managers and assistant program managers about posting phone numbers for emergencies and provided a list of phone numbers to post at each facility. RD B further stated it would be reviewed with residents to ensure they could locate the numbers and knew what to do in the event of an emergency. Cross Reference M0434 DHS 88.07(1)(e) Supervision	M 354		
M 434	88.07(1)(e) Supervision The licensee shall arrange for a service provider to be present in the home when the licensee is gone overnight or when the licensee's	M 434		

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M 434	Continued From page 2 absence prevents the resident from receiving the services, training or supervision specified in the resident's individual service plan under s. HSS 88.06(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not arrange for a service provider to be present in the home when 3 of 3 residents requiring supervision, as specified in the residents' individual service plans (ISP), were left alone for approximately 7 hours. Manager A did not fill the 3:00 PM to 11:00 PM shift (PM shift) on 12/27/2025 after Caregiver B called in, and Caregiver C left at the end of his/her shift and did not wait for the next shift to arrive. Findings include: On 02/17/2026, the Department received a complaint regarding staff supervision. This facility is licensed to serve up to 4 residents in the client groups: alcohol/drug dependent, emotionally disturbed/mental illness, and developmentally disabled. On 04/30/2026 at approximately 12:00 PM, Surveyor interviewed Assistant Program Manager (APM) D and asked if residents had been left unsupervised. APM D stated, "I was on-call that day. I was over at the other house because staff didn't show up over there. [Caregiver C] was scheduled to work the PM shift over there and had worked the 7:00 AM to 3:00 PM shift at this house. [S/he] left here to go start the PM shift over there. By the time [s/he] got there I was	M 434		

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M 434	Continued From page 3	M 434		

already gone because my shift replacement showed up. I didn't know staff did not show up at this house. I had told [Caregiver C] to contact the person coming in to make sure they were on their way before leaving the house."

When asked who was scheduled to work the PM shift on 12/27/2025, APM D informed Surveyor Caregiver B had picked up the shift but called in sick. APM D further stated Manager A failed to fill the shift. APM D stated Manager A was no longer employed.

On 04/30/2026 at approximately 12:40 PM, Surveyor interviewed Resident 2. Resident 2 stated, "There was one time staff didn't show up. [Caregiver E] (the overnight staff) came in early." Resident 2 informed Surveyor his/her medications are typically taken around 8:30 PM and s/he did not get his/her medications until Caregiver E arrived, sometime between 10:00 PM and 11:00 PM. Resident 2 could not recall if s/he ate dinner when staff was not present in the home on 12/27/2025. Resident 2 stated, "I was relieved to see [Caregiver E]. It was a waiting game, didn't know who to call."

On 04/30/2026 at approximately 12:45 PM, Surveyor interviewed Resident 3. Resident 3 stated s/he got his/her medication when Caregiver E arrived for the NOC shift. Resident 3 reported s/he could not recall if s/he ate dinner on 12/27/2025 and did not know where emergency numbers were or who to contact for help. At 12:49 PM, APM D informed Surveyor, Resident 2 and Resident 3 emergency numbers were in a binder on the bookshelf in the living room. Surveyor reviewed the contents of the binder and did not locate emergency numbers. APM D stated s/he thought they were located in the binder and

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M 434	Continued From page 4	M 434		

acknowledged they were not there. APM D stated s/he had put up a contact list, but it was taken down because management did not want their phone numbers posted.

On 04/30/2026 at approximately 12:54 PM, Surveyor interviewed Resident 1. When asked if the home was unattended, Resident 1 stated, "We were just worried, couldn't find any number to call. I know [APM D]'s email now. That day there were no incidents, we found something to make for dinner, and got our meds (medications) when NOCs (overnight shift) came in. I think they put something up but took it down because we can't have their numbers."

On 04/30/2026, Surveyor interviewed APM D and asked if Resident 1, Resident 2, and Resident 3 had any changes to supervision since 12/27/2025. APM D stated, "No." Surveyor requested ISPs for Resident 1, Resident 2, and Resident 3.

-Resident 1 was admitted on 10/24/2023. The ISP did not contain a date, but had the printed date listed (04/30/2026, the date of survey). The ISP contained the following: "IN-HOME SELF-SUPERVISION (2 HOURS) Directions: AFH care staff will communicate with [Resident 1] prior to leaving the facility at any time for appointments, grocery shopping, medication pickup, etc. [Resident 1] will be instructed to utilize the contact sheet posted on the refrigerator in the event of an emergency or if [s/he] needs to reach care staff while they are away from the facility."

-Resident 2 was admitted on 07/21/2022. The ISP did not contain a date, but had the printed date listed (04/30/2026, the date of survey). The

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M 434	Continued From page 5 ISP contained the following: "IN-HOME SELF-SUPERVISION (4 HOURS) Directions: AFH care staff will communicate with [Resident 2] prior to leaving the facility at any time for appointments, grocery shopping, medication pickup, etc. [Resident 2] will be instructed to utilize the contact sheet posted on the refrigerator in the event of an emergency or if [s/he] needs to reach care staff while they are away from the facility." -Resident 3 was admitted on 05/06/2025. The ISP did not contain a date, but had the printed date listed (04/30/2026, the date of survey). The ISP contained the following: "IN-HOME SELF-SUPERVISION (2 HOURS) Directions: AFH care staff will communicate with [Resident 3] prior to leaving the facility at any time for appointments, grocery shopping, medication pickup, etc. [Resident 3] will be instructed to utilize the contact sheet posted on the refrigerator in the event of an emergency or if [s/he] needs to reach staff while they are away from the facility." Resident 3 was also allowed self-supervised community time for up to 3 Hours. On 04/30/2026 at approximately 4:00 PM, Surveyor interviewed Regional Director (RD) E via phone. RD E stated s/he was notified the following Monday staff did not show up for their shift on 12/27/2025. RD E confirmed staff called in sick, and Manager A did not fill the shift. RD E informed Surveyor that Manager A was no longer employed. RD E informed Surveyor s/he provided a training to staff and clarified what "self-supervision" means. RD E further explained residents may be allowed self-supervision time (typically 2-4 hours), but staff should always be scheduled and on duty.	M 434		

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M 434	Continued From page 6 Cross Reference M0354 DHS 88.05(5) Telephone	M 434		