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
	0009573	A. BUILDING: _____ B. WING _____	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AURORA RESIDENTIAL ALTERNATIVES INC 011	1306 12TH AVENUE SE MENOMONIE, WI 54751

(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
{N 000}	Initial Comments On 01/24/2024, Surveyor conducted a verification visit at Aurora Residential Alternatives Inc 011. One violation was identified. The violation was a repeat deficiency. See Statement of Deficiencies (SOD) 2BEB11, dated 03/14/2023. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 7	{N 000}		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's individual service plan (ISP) was updated when there was a change in Resident 1's supervision needs. This is a repeat violation. See Statement of Deficiencies (SOD) 2BEB11, dated 03/14/2023.	{N 389}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009573	A. BUILDING: _____ B. WING _____	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AURORA RESIDENTIAL ALTERNATIVES INC 011	1306 12TH AVENUE SE MENOMONIE, WI 54751

(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
{N 389}	Continued From page 1 Findings include: On 01/24/2024 at approximately 1:30 PM, Surveyor interviewed House Manager (HM) A. HM A provided a verbal summary of each resident's needs. HM A stated Resident 1 went to work every other day and was allowed up to 30 minutes of unsupervised time in the community. HM A stated Resident 1's ISP indicated s/he had aggressive behaviors and elopement tendencies but HM A stated s/he never saw these things. HM A said Resident 1's ISP probably needed to be updated but stated s/he thought it was a good idea to include past behaviors so staff knew the history. Surveyor reviewed Resident 1's record. Resident 1 was admitted on 08/07/2013. His/her ISP, dated 08/08/2023, read: "When outside staff will have constant visual supervision on [Resident 1]... Supervision: [Resident 1] will have 24/7 supervision in the home, and line of sight supervision at all times while in the community... While out in the community [Resident 1] will remain in eye sight [sic] at all times... When [Resident 1] is walking outside the house staff will keep [Resident 1] in eye sight [sic] at all times to prevent any suspicious activities from happening... If at any point [Resident 1] leaves staff's supervision and is unable to be located staff will notify PD (police department) or on-call after hours immediately for further directions. If [Resident 1] is out of staff's supervision for 30 minutes police will be notified." At approximately 2:30 PM, Surveyor interviewed HM A. HM A stated s/he could not explain why Resident 1's ISP indicated Resident 1 always needed direct supervision. HM A said s/he	{N 389}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009573	A. BUILDING: _____ B. WING _____	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AURORA RESIDENTIAL ALTERNATIVES INC 011	1306 12TH AVENUE SE MENOMONIE, WI 54751

(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
{N 389}	Continued From page 2 participated in Resident 1's last care meeting when his/her team reviewed his/her ISP and they all were aware Resident 1 could have unsupervised time in the community. HM A stated Resident 1's scheduled tasks in the provider's electronic record system also allowed for unsupervised community time. HM A showed Surveyor the task that read: "Active on 08/12/21... Instructions: [Resident 1] has been granted 30 min (minute) unsupervised time in the community daily. [Resident 1] has a few conditions to this new responsibility. [Resident 1] will notify staff when [s/he] would like to leave and where [s/he] is going. [Resident 1] will make sure [his/her] cell phone is charged and will need to Check [sic] in with staff at the house when [s/he] arrives at [his/her] destination or 15 min after [s/he] left [sic] the house. Whichever is sooner. [Resident 1] will then check in with staff at the house when [s/he] leaves [his/her] destination or if [s/he] is going to be late... Staff will document if [Resident 1] elected to use [his/her] Unsupervised [sic] time and what activities [Resident 1] choose [sic] to do during [his/her] Unsupervised [sic] time." Surveyor asked HM A how a new staff member would know what plan to follow. HM A stated Resident 1's ISP did not include Resident 1's 30-minute daily allowance of unsupervised time. HM A said Resident 1's ISP needed to be updated.	{N 389}		