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 01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AURORA RESIDENTIAL ALTERNATIVES INC 0′	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 01/20/2026, Surveyor began a standard licensure survey and a verification visit at Aurora Residential Alternatives Inc 011. Data was collected through 01/22/2026. The violation from Statement of Deficiences (SOD) 2BEB13, dated 10/10/2024, was corrected. One new violation was identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 8.	{N 000}		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication	N 239		

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

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N 239	Continued From page 1 administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 caregivers received department-approved standard precautions training prior to working with residents. Findings include: The provider is licensed to care for 8 residents in the client groups emotionally disturbed/mental illness, developmentally disabled, and traumatic brain injury. On 01/20/2026 and 01/21/2026, Surveyor reviewed staff training records for Caregiver B, who was hired on 09/23/2025. Caregiver B's community-based residential facility (CBRF) training transcript indicated s/he had completed the department-approved standard precautions training on 11/06/2025. Caregiver B's orientation training checklist indicated s/he had been trained in providing personal cares for residents, such as bathing, toileting, and oral care; and had received in-house standard precautions training on 09/24/2025. The orientation checklist indicated s/he had met residents on-site on 09/24/2025. On 01/21/2026, at approximately 3:41 PM, Surveyor interviewed Administrator A, who stated Caregiver B was trained on-site for his/her orientation on 09/24/2025. Administrator A stated	N 239		

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N 239	Continued From page 2 Caregiver B had been reprimanded for not attending other training. Administrator A stated s/he thought Caregiver B had missed his/her training date for the department-approved CBRF standard precautions course initially and had made it up after having started working with residents. On 01/22/2026, at approximately 8:11 AM, Surveyor received additional records for Caregiver B via email. The records included Caregiver B's in-house transcript, which indicated s/he had received standard precautions and infection control training on 09/23/2025. The records also included Caregiver B's department-approved CBRF standard precautions class roster, dated 11/06/2025, and Caregiver B's September 2025 timecard. The timecard indicated Caregiver B had recorded work hours on 09/16/2025 and 09/24/2025-09/26/2025. Administrator A stated in the email that Caregiver B "started physically onsite on 09-24-2025..." These records verified that Caregiver B had been working on-site with residents having only received in-house standard precautions training, and not department-approved standard precautions training as required until 11/06/2025. The provider did not ensure all employees occupationally exposed to bodily fluids were trained in department-approved standard precautions prior to starting work with the residents.	N 239		