STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019068	A. BUILDING: _____ B. WING _____	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIGHTHOUSE AFH (THE)	7071 S STATE RD 213 BELOIT, WI 53511

(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 From 03/26/2025 to 03/27/2025, Surveyor conducted a standard survey at Lighthouse AFH, an AFH in Beloit. Two deficiencies were identified. Census: 3	M 000		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was free from hazards when the furnace room had clutter and wood surrounding the furnace, increasing the risk for fire. Findings include: On 03/26/2025 at 10:45 a.m., while touring home with Caregiver A, Surveyor observed the furnace room with 2 wooden chairs and several wooden slats next to the furnace. Caregiver A acknowledged the flammable materials in the furnace room during the tour. On 03/26/2025 at 11:30 a.m., Surveyor discussed concern of wooden materials stored next to the furnace. Caregiver A stated s/he would remove	M 278		

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
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M 278	Continued From page 1 the items from the furnace room.	M 278		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed had record of their individual service plan (ISP) reviewed at least once every 6 months by the licensee, resident or resident's legal representative and the placing agency. Resident 1's ISP should have been reviewed by December 2024. Findings include: On 03/26/2025 at approximately 10:30 a.m., Surveyor reviewed resident records and identified	M 424		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019068	A. BUILDING: _____ B. WING _____	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIGHTHOUSE AFH (THE)	7071 S STATE RD 213 BELOIT, WI 53511

(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 424	Continued From page 2 the following concerns: -Resident 1 was admitted to the provider's home on 02/13/2023. Resident 1 had a guardian and was enrolled in a managed care organization. Resident 1's ISP was dated 06/26/2024 and had not been updated in 6 months. On 03/36/2025 at approximately 11:30 a.m., Surveyor reviewed concern with Caregiver A that Resident 1's ISP had not been updated in 6 months. Caregiver A stated that the managed care organization had been bad about sending over paperwork. Caregiver A stated s/he would reach out to the managed care organization for a copy of the updated plan. Caregiver A was given until 12:00 p.m. on 03/27/2025to provide follow up records. On 03/27/2025 at approximately 12:00 p.m., Surveyor had not received the December 2024 ISP for Resident 1.	M 424		