STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016533	A. BUILDING: _____ B. WING _____	R 10/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIPLEY SHORES AFH	**N1989 RIPLEY SHORES DRIVE SARONA, WI 54870**

(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 10/13/2025, Surveyor conducted a verification visit and a self-report investigation at Ripley Shores AFH. Data was collected through 10/14/2025. Two violations were identified. Both violations were repeat deficiencies. See Statement of Deficiency (SOD) BOLC14, dated 03/07/2025; SOD BOLC13, dated 01/08/2024; SOD BOLC12, dated 08/01/2022; and SOD N98I11, dated 04/07/2021. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
{M 232}	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 4 current employees were screened for illness, including for	{M 232}		

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

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{M 232}	Continued From page 1 tuberculosis (TB), within 90 days prior to providing service. This is a repeat deficiency. See Statement of Deficiency (SOD) BOLC14, dated 03/07/2025; SOD BOLC13, dated 01/08/2024; and SOD N98I11, dated 04/07/2021. Findings include: On 10/13/2025, Surveyor reviewed 4 current employee records. Caregiver B was hired on 08/29/2023. Caregiver B's record included a TB test, dated 01/02/2024. The record did not include evidence Caregiver B was screened for other communicable illnesses. Caregiver C was hired on 02/11/2022. Caregiver C's record included a communicable disease screen, dated 03/10/2025; and a TB test, dated 03/08/2017. At approximately 12:20 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would try to find documentation that Caregiver B had completed a communicable disease screen. Licensee A stated s/he would try to find proof of Caregiver C's TB test done 90 within days prior to his/her start date by asking Caregiver C if s/he had it. At approximately 1:57 PM, Surveyor received email correspondence from Licensee A, which included a communicable disease screen for Caregiver B, dated the date of the survey. The email from Licensee A read, "I have not received anything back from [Caregiver C] [sic] [S/he] is working until five. But I didn't get this done, even though I couldn't find the other one."	{M 232}		

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{M 232}	Continued From page 2 On 10/14/2025 at approximately 3:00 PM, Surveyor interviewed Licensee A, who stated s/he did not have proof of a TB test completed within 90 days prior to Caregiver C's start date. The provider did not ensure to complete and obtain documentation of communicable disease screening, including TB, for staff members within 90 days prior to working with residents.	{M 232}		
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 1 resident's individual service plan (ISP) was updated upon changes.	M 424		

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M 424	Continued From page 3 This is a repeat deficiency. See Statement of Deficiencies (SOD) BOLC12, dated 08/01/2022; and SOD N98I11, dated 04/07/2021. Findings include: The provider is licensed to care for 4 residents in the client groups emotionally disturbed/mental illness, developmentally disabled, advanced aged, and traumatic brain injury. On 03/31/2025, the Department received a self-report from the provider. The self-report described an elopement by Resident 1, which had occurred on 03/30/2025. According to the self-report, Resident 1 had eloped from the facility at approximately 3:00 AM and had been brought back to the facility by law enforcement the next day. On 10/13/2025, Surveyor reviewed Resident 1's records. According to his/her ISP, Resident 1 was admitted on 03/23/2024. Resident 1's ISP read, in part, "The ISP is to be reviewed ...6 months or when changes occur ..." Resident 1's ISP indicated s/he could spend sleeping hours unsupervised, but that s/he was "an elopement risk." Under the section titled, "ISP Updated and Reviewed," Resident 1's ISP read, "The ISP must be reviewed at least every six months. If there are no changes, please mark the date reviewed and sign. If there are changes, please update any information ...The AFH provider will complete the documentation of the ISP." Resident 1's ISP was last reviewed by Licensee A on 07/29/2025, who signed and dated the ISP under the above-mentioned section. Resident 1's ISP was not updated to include	M 424		

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M 424	Continued From page 4	M 424		

his/her supervision needs after his/her elopement during sleeping hours on 03/30/2025 or any interventions put into place after the elopement.

Included in Resident 1's records was a document by his/her managed care organization (MCO) titled, "Risk Mitigation Tool," last dated 03/27/2024, which read, "...[Resident 1] has tried residential placement in the past. [S/he] was unsuccessful at the home and had multiple elopements ...

At approximately 11:55 AM, Surveyor interviewed Caregiver B about Resident 1's elopement on 03/30/2025. Caregiver B stated s/he was live-in, sleep-staff at the facility and was sleeping at the facility on the night Resident 1 eloped. Caregiver B stated Resident 1 had not tried to elope prior to 03/30/2025 nor had s/he since. Caregiver B stated s/he talked to Resident 1 after the elopement and stated that Resident 1 had known it was "stupid" and that s/he told him/her that s/he wasn't going to do it again. Caregiver B stated the provider had taken Resident 1 at his/her word.

At approximately 12:20 PM, Surveyor interviewed Licensee A. Licensee A stated Resident 1 was an elopement risk before and would never be risk-free. Licensee A stated s/he had put interventions in place after Resident 1's elopement, which included extra day staff and having two staff at night with opposite sleep times. When asked why these interventions were not included in Resident 1's ISP, Licensee A stated s/he and Caregiver B communicated their plans verbally.

On 10/14/2025 at approximately 12:00 PM, Surveyor interviewed Former Guardian (FG) D, who was listed as Resident 1's guardian on the

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M 424	Continued From page 5 first page of his/her ISP. FG D stated s/he was Resident 1's guardian from spring of 2023 to November 2024. FG D stated Resident 1's guardian at the time of elopement no longer worked for the guardianship agency, but that FG D had been in meetings regarding the elopement and had knowledge of Resident 1's elopement history. FG D stated Resident 1 was an elopement risk prior to residing at the facility, and that s/he was at risk for eloping at night. FG D stated Resident 1 would spend his/her days "plotting" elopement and could go long periods where s/he appears content but then plot to elope. FG D stated s/he recalled the provider putting measures in place after Resident 1's elopement on 03/30/2025, such as 1 on 1 staff during the day and implementing shift changes at night. FG D stated alarms should have been implemented after the elopement. The provider did not ensure to update Resident 1's ISP in writing when his/her supervision needs changed.	M 424		