STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012110	A. BUILDING: _____ B. WING _____	C 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITY	1710 MILWAUKEE AVENUE WAUSAU, WI 54403

(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 09/10/2024, Surveyor conducted an abbreviated licensure survey and complaint investigation at Unity. Data collection continued through 09/11/2024. The complaint was substantiated. One deficiency was identified. Census: 4	M 000		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure the adult family home and its operations complied with this chapter and with all other laws governing the home and its operations. Findings include: On 08/08/2024, the Department received a complaint alleging residents were moved to an unlicensed facility in July 2024, while renovations were being made. The facility is licensed to care for up to 4 residents in the following client groups: Developmentally disabled, traumatic brain injury and physically disabled. Per DHS 88, Adult family home means a place	M 216		

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 216	Continued From page 1 where 3 or 4 adults not related to the licensee reside in which care, treatment or services above the level of room and board but not including nursing care are provided to persons residing in the home as a primary function of the place. On 09/10/2024 at approximately 1:30 PM, Surveyor interviewed House Manager (HM) A. HM A confirmed the following: Resident 1, Resident 2 and Resident 3 were moved to 5010 Heather Street, Weston, WI 54476 (the facility was previously owned and operated by another provider; the facility was not currently licensed by the Department) on 07/12/2024 while renovations were being done. HM A indicated that once the renovations were completed, the three residents returned to the facility on 08/28/2024. Surveyor asked HM A if residents' guardians, family members and case workers were notified about the move. HM A reported that families, guardians and case workers were notified about the pending move last Summer in 2023 and were contacted monthly thereafter before the move occurred in July 2024. On 09/11/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 09/26/2007. Resident 1 received services from a managed care organization (MCO). On 09/11/2024,Surveyor reviewed Resident 2's record. Resident 2 was admitted on 10/25/2008. Resident 2 received services from the same MCO. On 09/11/2024, Surveyor reviewed Resident 3's record. Resident 3 was admitted on 09/12/2008. Resident 3 received services from the same MCO.	M 216		

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 216	Continued From page 2 On 09/11/2024 at approximately 11:11 AM, Surveyor interviewed Case Worker B (from the MCO) via telephone. Case Worker B reported that the provider did not notify Case Worker B or the MCO prior to moving Resident 1, Resident 2 and Resident 3 to the unlicensed facility in July 2024. Case Worker B reported that the unlicensed facility was formally owned and operated by another provider was not currently licensed by the Department. On 09/11/2024 at approximately 4:00 PM, Surveyor interviewed HM C. HM C confirmed Resident 1, Resident 2, and Resident 3 were moved and resided at the unlicensed facility in Weston from 07/12/2024 to 08/28/2024, while renovations were being done at this facility. The provider operated an unlicensed facility between 07/12/2024 to 08/28/2024.	M 216		