STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019078	A. BUILDING: _____ B. WING _____	C 09/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE WISCONSIN CORNER OBRIEN HOUSE	22 OBRIEN CT MADISON, WI 53714

(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 08/08/2025, with information gathered through 09/22/2025, Surveyor conducted a complaint investigation. Six deficiencies were identified. The complaint was substantiated. Census: 2	M 000		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the Department within 24 hours, a significant change in 1 of 1 resident's condition. Resident 1 was removed from the home by law enforcement and a house member had filed a restraining order against Resident 1. Resident 1 eloped from the home and was returned to the home by law enforcement. Findings include: On 08/06/2025, the Department received a	M 134		

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

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M 134	Continued From page 1	M 134		

complaint alleging residents did not receive adequate redirection when experiencing a change of condition.

On 09/02/2025 at 12:42 PM, Surveyor interviewed Administrator B. Administrator B stated that Resident 1 no longer resided in the home as s/he had been removed by law enforcement during a crisis moment.

On 09/05/2025, Surveyor reviewed Resident 1's record.

Resident 1 moved into the home, 02/01/2025, with diagnoses including intellectual disability, bipolar/manic-depressive, multiple personality disorder, and suicidal ideations.

Resident 1's "Behavioral Incident Tracking Form: documented:
08/20/2025 - Called Police, Run Out (left the home without staff)
08/21/2025 - No longer in home

On 09/22/2025, Surveyor reviewed Resident 1's managed care organization (MCO) records provided by his/her MCO provider, which documented:
04/01/2025 - Member presented to ER (emergency room) after running away from AFH (adult family home). Police were involved and member had to be tazed to be subdued. Member was evaluated in the ER and discharged.
07/31/2025 - Member was seen in local ER with suicidal ideations. [S/he] was discharged back to AFH (adult family home). Member left AFH, police were notified and found member on a bridge. Member was then transferred to IMD (institute for mental disease).
08/21/2025 - Member was discharged from

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M 134	Continued From page 2 [mental health facility]. Member got home and started calling roommates and staff names. Member attempted elopement out of the house and staff followed. S/he then pulled a staff to the ground and held him/her trying to choke him/her with the strings of his/her sweatshirt. Other staff intervened and one of his/her roommates called the police. Staff were able to disengage and then member started charging at one of his/her roommates. Staff blocked him/her. Finally, a staff was able to get him/her into the living room and calm down. S/he broke a chair and was throwing items at people. S/he then sat on the ground continuing to call people names. The police arrived and arrested him/her on charges of battery, disorderly conduct, damage to property, and bail jumping misdemeanor. On 09/22/2025, Surveyor reviewed the Department file for the provider's written reports regarding Resident 1 eloping from the home and being removed from the home by law enforcement. The Department file did not contain any written reports since licensure, 06/17/2022. On 09/22/2025 at 8:30 AM, Surveyor interviewed Licensee A. Surveyor discussed when providers are to notify the department of resident concerns. Licensee A stated s/he would review the documentation provided by the Surveyor to ensure future compliance	M 134		
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.	M 216		

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M 216	Continued From page 3	M 216		

This Rule is not met as evidenced by:
Based on observation and interview the licensee did not ensure that the home and its operation comply with DHS Chapter 88.

This is a repeat deficiency. See Statement of Deficiency (SOD) SQ1C13, dated 02/06/2024.

Findings include:

The provider was licensed on 06/17/2022 to provide cares for up to 3 residents within the client groups advanced aged, developmentally disabled, and emotionally disturbed/mental illness. Since licensure, the provider has received 36 deficiencies.

SOD TNO211, dated 09/22/2025:
On 08/08/2025, with information gathered through 09/22/2025, Surveyor conducted a complaint investigation. Six deficiencies were identified. Complaint was substantiated.
M0134 88.03(5)(e)1. Significant Change To The Resident
N0216 88.04(2)(a) Responsibilities
M0408 88.06(3)(c) Assessment Identify Needs & Abilities
M0414 88.06(3)(d)2. Level of Supervision
M0424 88.06(3)(f) Review of ISP
M0438 88.07(2)(b) Services Directed to Goals

SOD MM2R12, dated 02/10/2025:
On 02/10/2025, Surveyor conducted a verification visit at Care Wisconsin Corner O'Brien House. Four deficiencies were identified.
M0344 88.05(4)(d)2.a. Fire Safety Evacuation Plan Review
M0384 88.06(2)(b) Service Agreement Except Respite. This is a repeat deficiency. See

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M 216	Continued From page 4	M 216		

Statement of Deficiency (SOD) MM2R11, dated 08/30/2024.
M0448 88.07(2)(b)5. Monitoring Health. This is a repeat deficiency. See SOD MM2R11, dated 08/30/2024.
M0464 88.07(3)(d) Medication - Written Order

SOD MM2R11, dated 08/30/2024:
On 08/28/2024, with information gathered through 08/30/2024, Surveyor conducted a standard licensure survey at Care Wisconsin Corner O'Brien House. Five deficiencies were identified.
M0244 88.04(5)(a) Training-15 Hours Within 6 Months
M0384 88.06(2)(b) Service Agreement Except Respite
M0404 88.06(3)(a) Individual Service Plan & Assessment
M0448 88.07(2)(b)5. Monitoring Health
M0474 88.07(4)(c) Food Prepared and Stored Sanitary Way

SOD SQ1C13, dated 02/06/2024:
On 02/06/2024, Surveyor conducted a verification visit at Care Wisconsin Corner O'Brien House. Five deficiencies were identified:
M0216 88.04(1)(b) Responsibilities.
M0276 88.05(3)(a) Homelike Environment. This is a repeat deficiency. See SOD, SQ1C12 dated 08/01/2023, and SOD SQ1C11, dated 03/13/2023.
M0298 88.05(3)(g) Windows and Ventilation. This is a repeat deficiency. See SOD SQ1C12, dated 08/01/2023.
M0458 88.07(3)(a) Prescription Medications. This is a repeat deficiency. See SOD SQ1C12, dated 08/01/2023, and SOD SQ1C11, dated 03/13/2023.
M0570 88.10(3)(l) Safe Physical Environment. This is a repeat deficiency. See SOD SQ1C12,

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M 216	Continued From page 5 dated 08/01/2023. On 02/06/2024 at approximately 10:00 AM, Manager C stated to Surveyor that everything was fixed that was on the prior SOD that needed to be fixed. Manager C also confirmed the kitchen needed to be cleaned, medications should be locked and disposed of properly, and that the rooms did not have screens. SOD SQ1C12, dated 08/01/2023: On 08/01/2023, Surveyor conducted a verification visit at Care Wisconsin Corner O'Brien House. Eight deficiencies were identified. M0276 88.05(3)(a) Home Environment. This is a repeat deficiency. See SOD SQ1C11, dated 03/13/2023. M0284 88.05(3)(e)1 Heating System Requirements M0298 88.05(3)(g) Windows and Ventilation M0338 88.05(4)(c)1 Exiting from the First Floor. This is a repeat deficiency. See SOD SQ1C11 dated 03/13/2023. M0404 88.06(3)(a) Individual Service Plan & Assessment. This is a repeat deficiency. See SOD SQ1C11, dated 03/13/2023. M0458 88.07(3)(a) Prescription Medications. This is a repeat deficiency. See SOD SQ1C11, dated 03/13/2023. M0482 88.09(1)(a) Resident Records M0570 88.10(3)(l) Safe Physical Environment SOD SQ1C11, dated 03/13/2023: On 03/13/2023, Surveyor conducted a complaint investigation at Care Wisconsin Corner O' Brien House. Eight deficiencies were identified. Complaint was unsubstantiated. M0276 88.05(3)(a) Home Environment M0334 88.05(4)(b)1 Fire Safety-Smoke Detectors M0338 88.05(4)(c)1 Exiting From the First Floor	M 216		

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M 216	Continued From page 6 M0404 88.06(3)(a) Individual Service plan & Assessment M0440 88.07(2)(b)1 Supervising & Assisting With ADLs M0458 88.074(3)(A) Prescription Medications M0462 88.07(3)(c) Medication Assistance M0550 88.10(3)(b) Privacy On 09/22/2025 at 8:30 AM, Surveyor interviewed Licensee A. Surveyor discussed the history of concerns the provider has experienced since licensure. Licensee A stated s/he was aware but s/he continues to improve and has hired additional staff to assist with the required documentation.	M 216		
M 408	88.06(3)(c) ASSESSMENT IDENTIFY NEEDS & ABILITIES The assessment shall identify the person's needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess 1 of 1 resident to identify the needs and abilities in the areas of supervision. Resident 1 was not assessed to identify	M 408		

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guidelines regarding his/her suicidal ideations.

Findings include:

On 08/06/2025, the Department received a concern alleging resident behavior was not redirected by staff.

On 08/22/2025, Surveyor reviewed Resident 1's record.

Resident 1 moved into the home, 02/01/2025, with diagnoses including intellectual disability, bipolar/manic-depressive, multiple personality disorder, and suicidal ideations.

Resident 1's "Pre-Admission Assessment," 01/25/2025, documented:
Self-Abusive Behavior - Yes - 1 or 2 a day
Suicidal Tendencies - Yes - Biting, Head banging
Aggressive/Combative - Yes - Hitting staff

Resident 1's "Initial Assessment," dated 04/22/2025, documented:
Behavior Patterns: Self-Abuse Behavior, Aggressive/Combative and Suicidal Tendencies did not have any documented concerns and/or guidelines.

Resident 1's "Behavioral Incident Tracking Form" documented:
April 2025 - 12 of 30 days documented 'Self-Injurious Behavior'
May 2025 - 20 of 24 days documented 'Self-Injurious Behavior' - Admitted to inpatient services rest of the month
June 2025 - 26 of 30 days documented 'Self-Injurious Behavior'
July 2025 - 16 of 22 days documented 'Self-Injurious Behavior' - Admitted to inpatient

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services rest of the month
August 2025 - 12 of 20 days documented
'Self-Injurious Behavior'

Resident 1's "Care Plan," dated 04/22/2025, documented:
Self-Abusive Behavior - Not Applicable
Suicidal Tendencies - Not Applicable
Aggressive/Combative - Not Applicable

Resident 1's "Member Centered Plan," dated 05/01/2025, provided by his/her managed care organization (MCO), documented:
Behaviors Requiring Intervention - Self-Injurious Behavior - Yes; Offensive/Violent Behaviors - Yes

On 09/22/2025 at 8:30 AM, Surveyor interviewed Licensee A. Surveyor discussed the concern of assessing a resident and ensuring guidelines were created and documented in the resident's individual service plan (ISP). Licensee A agreed the documentation presented was concerning and asked the Surveyor if s/he had reviewed Resident 1's behavior support plan (BSP). Surveyor stated s/he had not been provided with that documentation. Licensee A forwarded Surveyor the BSP, dated 08/11/2025, which documented:
"Adverse Behaviors Displayed: Self-Injurious Behaviors:
has a history of self-injurious behaviors, including taking medications for intentional self-harm efforts. Staff immediate intervention is necessary to ensure [Resident 1's] safety at all times. ..."

Surveyor noted the BSP was developed one week prior to resident being removed from the home, 08/18/2025.

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M 414	Continued From page 9	M 414		
M 414	88.06(3)(d)2 LEVEL OF SUPERVISION Identification of the level of supervision required in the home and community. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 (Resident 1) resident's individual service plan (ISP) reviewed contained the level of supervision required in the home and community. Findings include: On 08/06/2025, the Department received a concern alleging resident behavior was not redirected by staff. On 08/22/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home, 02/01/2025, with diagnoses including intellectual disability, bipolar/manic-depressive, multiple personality disorder, and suicidal ideations. Resident 1's "Pre-Admission Assessment," 01/25/2025, documented: "Amount, Frequency and Intensity of Required Supervision in Home/Community: [S/he] needs supervision due to elopement. [S/he] does not have 1:1 dedicated staffing. 24-hour supervision." "Behavioral Patterns: Elopement - 1 or 2 times a day." "Safety Issues: Resident has no safety issues identified or reported."	M 414		

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M 414	Continued From page 10 Resident 1's "Initial Assessment," dated 04/22/2025, documented: Behavior Patterns: Elopement Risk did not have any documented concerns and/or guidelines. Resident 1's "Behavioral Incident Tracking Form" documented: April 2025 - 21 of 30 days documented 'Run Out' (left facility without a staff member) May 2025 - 14 of 24 days documented 'Run Out' - Admitted to inpatient services rest of the month June 2025 - 10 of 30 days documented 'Run Out' August 2025 - 9 of 20 days documented 'Run Out' Resident 1's "Care Plan," dated 04/22/2025, which was utilized as his/her individual service plan (ISP), documented: Supervision - left blank Wandering Risk - Not Applicable Resident 1's "Member Centered Plan," dated 05/01/2025, provided by his/her managed care organization (MCO), documented: "Behaviors Requiring Intervention - Member has behaviors over 5 times per day (wandering ...). Member will attempt to elope ..." On 08/22/2025, Surveyor reviewed Resident 1's managed care organization (MCO) records provided by his/her MCO provider, which documented: 03/11/2025 - RRA (Resident Risk Agreement) was discussed, possibly risks with using internet (member has tablet and uses social medica application). Risks of use discussed and parameters for using. It was concluded that internet is shut off at 9 PM and member has general supervision around while using tablet.	M 414		

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M 414	Continued From page 11 On 09/22/2025 at 8:30 AM, Surveyor interviewed Licensee A. Surveyor discussed the concern of ensuring required supervision levels were identified in the resident's ISP. Licensee A agreed the documentation presented was concerning and asked the Surveyor if s/he had reviewed Resident 1's behavior support plan (BSP). Surveyor stated s/he had not been provided with that documentation. Licensee A forwarded Surveyor the BSP, dated 08/11/2025, which documented: Surveyor noted the BSP was developed one week prior to resident being removed from the home, 08/18/2025.	M 414		
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.	M 424		

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This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 resident's (Resident 1) Individual Service Plan (ISP) was reviewed when s/he experienced aggressive verbal and physical behaviors and false accusations.

Findings include:

On 08/22/2025, Surveyor reviewed Resident 1's record.

Resident 1 moved into the home, 02/01/2025, with diagnoses including intellectual disability, bipolar/manic-depressive, multiple personality disorder, and suicidal ideations.

Resident 1's "Pre-Admission Assessment," 01/25/2025, documented:
"Hallucination, Accusations, Mental Health Disorder"
"Destruction of Property - Yes - Throwing Items"

Resident 1's "Initial Assessment," dated 04/22/2025, documented:
Behavior Patterns: Destructive/Abusive did not have any documented concerns and/or guidelines.

Resident 1's "Behavioral Incident Tracking Form" documented:
April 2025 - 18 of 30 days documented 'Verbally Aggressive Behaviors'
April 2025 - 3 of 30 days documented 'Physically Aggressive Behaviors'
April 2025 - 12 of 30 days documented 'False Accusations'

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M 424	Continued From page 13 May 2025 - 18 of 24 days documented 'Verbally Aggressive Behaviors' - Resident had been hospitalized May 2025 - 22 of 24 days documented 'Physically Aggressive Behaviors' May 2025 - 13 of 24 days documented 'False Accusations' June 2025 - 29 of 30 days documented 'Verbally Aggressive Behaviors' June 2025 - 26 of 30 days documented 'Physically Aggressive Behaviors' June 2025 - 30 of 30 days documented 'False Accusations' July 2025 - 21 of 22 days documented 'Verbally Aggressive Behaviors' - Had been hospitalized July 2025 - 6 of 22 days documented 'Physically Aggressive Behaviors' July 2025 - 13 of 22 days documented 'False Accusations' August 2025 - 19 of 20 days documented 'Verbally Aggressive Behaviors' August 2025 - 3 of 20 days documented 'Physically Aggressive Behaviors' August 2025 - 19 of 20 days documented 'False Accusations' Resident 1's "Care Plan," dated 04/22/2025, documented: Destructive/Abusive - Not Applicable Attitude - Requires staff assistance and encouragement maintaining appropriate/positive attitudes. Staff should provide encouragement and redirect negative attitudes. Staff should ensure safety at all times. Interaction With Others - Requires staff assistance and encouragement maintaining positive/appropriate interactions with others.	M 424		

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Staff should provide encouragement and redirect negative interactions. Staff should ensure safety at all times.
Aggressive/Combative - Verbal: Displays effective verbal skills. Can speak and sound out words.
The individual service plan did not identify that Resident 1 displayed aggressive behaviors as identified in his/her "Behavioral Incident Tracking Form."

Resident 1's "Member Centered Plan," dated 05/01/2025, provided by his/her managed care organization (MCO), documented:
Behavioral Health - Member will reduce behavior frequency in the next 6 months. Member has behaviors over 5 times per day (verbal/physical aggression). Member will throw items and express verbal aggression. Member could become physically aggressive if detained against [his/her] will. Member has a history of making accusations (unsubstantiated) against caregivers.

03/31/2025 [Administrator B] stated that member went to ER (emergency room) because s/he broke open area of previous pencil stabbing on 3/29/2025. Administrator B stated that behavior started after a phone call member had with his/her [family member].

On 09/22/2025 at 8:30 AM, Surveyor interviewed Licensee A. Surveyor discussed the concern of ensuring behaviors were identified in the resident's ISP. Licensee A agreed the documentation presented was concerning and asked the Surveyor if s/he had reviewed Resident 1's behavior support plan (BSP). Surveyor stated s/he had not been provided with that documentation. Licensee A forwarded Surveyor the BSP, dated 08/11/2025.

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M 424	Continued From page 15 Surveyor noted the BSP was developed one week prior to resident being removed from the home, 08/18/2025.	M 424		
M 438	88.07(2)(b) SERVICES DIRECTED TO GOALS Services shall be directed to the goal of assisting, teaching and supporting the resident to promote his or her health, well-being, self-esteem, independence and quality of life. The services shall include but are not limited to: This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed received services that assisted, taught and supported the resident to promote his or her health, well-being, self-esteem, independence and quality of life. Resident 1 was not provided services to ensure s/he was redirected from him/her displaying self-harm. Findings include: On 08/06/2025, the Department received a complaint alleging residents did not receive adequate redirection when experiencing a change of condition. On 08/08/2025, at approximately 11:35 AM, Surveyor interviewed Administrator B. Surveyor explained the concern that had been called into the Department and Administrator B stated that	M 438		

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Resident 1 would call 911 him/herself. Administrator B stated that law enforcement, the hospital staff and the crisis unit were familiar with Resident 1, and some of the responders do not understand Resident 1's mental health concerns. Administrator B explained that Resident 1 was known to open old wounds that s/he had self-inflicted, s/he was an attention seeker.

On 08/20/2025, at approximately 9:15 AM, Surveyor interviewed Resident 1's managed care organization (MCO) Care Manager (CM) D. CM D stated that the staff at Care Wisconsin Corner O'Brien's House had done a good job with adjusting/learning Resident 1's behaviors. Resident 1 required structured activities, or s/he would call 911 him/herself. CM D explained that s/he had created an activity tool to utilize to assist with Resident 1's behaviors but the provider stated that the tool was not a good fit in the home. CM D stated Resident 1 had been dismissed from his/her day program and was unsure of what structured activity was currently being provided in the home.

On 08/20/2025, at approximately 10:15 AM, Surveyor interviewed Guardian C, Resident 1's guardian. Surveyor discussed the concern that had been called into the Department and requested clarification on Resident 1's behaviors. Guardian C stated there were concerns with the staff at the adult family home (AFH). Guardian C stated that English is not their primary language and there could be a break down in communication between staff and Resident 1. Guardian C explained that Resident 1 had the mentality of a 5-year-old and staff needed to recognize that and not treat him/her like an adult; s/he doesn't comprehend that reasoning. Resident 1 would contact Guardian C 'ten' times

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a day, stating s/he was bored. Guardian C stated Resident 1 had to have a structured environment or s/he would become attention seeking which usually resulted in him/her self-harming him/herself. Guardian C explained that the MCO CM D had given the provider an activity tool to utilize to assist with Resident 1's behaviors; the provider stated it wasn't feasible. Guardian C stated that Resident 1 would be picked up late from his/her day program and s/he would feel neglected, so s/he would 'act out,' self-harm her/himself. Guardian C stated, "The bottom line is [s/he] needs attention; you cannot let [him/herself] sit in [his/her] room for hours."

On 08/22/2025, Surveyor reviewed Resident 1's "Member Centered Plan," dated 05/01/2025, provided by his/her MCO, which documented:
Member enjoys staying busy. Member enjoys art projects.
Daily Living Support - Member will maintain safety when completing ADLs (activities of daily living [ie: personal hygiene, dressing, eating, toileting, transferring/mobility, continence]) and IADLS (instrumental ADLs [ie: meal preparation, housekeeping, managing finances, medication management, communication/phone use, shopping, transportation, laundry) in the next 6 months. Member will maintain safety when completing ADLs and IADLs in the next 6 months.
Behavioral Health - Member will reduce behavior frequency in the next 6 months

On 08/22/2025, Surveyor reviewed Resident 1's managed care organization (MCO) records provided by his/her MCO provider, which documented:
03/11/2025 - RRA (Resident Risk Agreement) was discussed, possibly risks with using internet (member has tablet and uses social medica

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application). Risks of use discussed and parameters for using. It was concluded that internet is shut off at 9 PM and member has general supervision around while using tablet.
03/12/2025 Member presented to ER (emergency room) with complaint of anxiety, examined and discharged
03/21/2025 - The member visited the ER for suicidal ideation. [Administrator B] sent email explaining ER visit. Member called the [police] from his/her IPAD (electronic device) because s/he was scratching his/her arms and feeling suicidal because of past trauma. Member was evaluated by EMS (emergency medical services) and transported to ER, given prn (as needed) medication and discharged.
03/31/2025 - The member visited the ER at [hospital] for nonsuicidal self harm on 03/29/2025. [Administrator B] stated that member stabbed self with a pencil, called 911 from [his/her] IPAD. Police came to the AFH (adult family home) with guns out. Police advised [Administrator B] that member should not be able to call 911 from the IPAD.
04/02/2025 - Member presented to ER after running. Member was seen in the emergency room and was discharged the same day. Member presented to ER after stabbing self with a pencil. Examined and discharged back to AFH. On 03/30/2025 Member presented to ER after stabbing self with a tack, examined and discharged back to AFH.
04/23/2025 - [Police] notes part of the plan will be to not take member to hospital if not life threatening as member has been requesting that with his/her 911 calls. They also have in the plan that 911 calls AFH first to see if a response is needed as [crisis unit] noted most of the times the emergency and cares team has not needed to called or go to the house upon their

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assessments. When member does call 911, police will call AFH manager, then go from there. Member will not be transported to hospital unless it is determined medically necessary.
04/29/2025 - Member was seen in the emergency room and was discharged the same day. Member presented to ER with AFH staff after cutting self at the AFH. Examined and sent home.

On 08/22/2025, Surveyors reviewed Resident 1's record.

Resident 1 moved into the home, 02/01/2025, with diagnoses including intellectual disability, bipolar/manic-depressive, multiple personality disorder, and suicidal ideations.

Resident 1's "Care Plan," dated 04/22/2025, documented:
Exercise - Requires staff assistance to perform/complete exercise plan/activities. Once every day and as needed. Staff should provide assistance and encouragement with exercise plan/activities. Staff should allow [Resident 1] to exercise as much as desired/tolerated and ensure safety at all times. Resident and Staff will provide delivery of care. Administrator to monitor accordingly.
Leisure Time Activities - Independent

On 09/02/2025 at 12:42 PM, Surveyor interviewed Administrator B. Surveyor stated that s/he required additional documentation regarding Resident 1. Administrator B stated that Resident 1 had suffered a crisis moment and law enforcement removed him/her from the home in August, 08/18/2025.

On 09/21/2025, Surveyor reviewed Resident 1's records, dated 06/13/2025 to 08/04/2025,

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provided by the local fire department which documented:
06/13/2025 - Back Pain, Non-traumatic (Pain) - Upon arrival found the patient sitting in a chair outside the home. Patient reported that for the last two days, s/he has been vomiting, has flank pain and it hurts when s/he urinates. Patient also stated s/he felt suicidal that started today and s/he hasn't felt this way in a while. ... Patient stated at one point that s/he was talking to his/her friends who were invisible to EMS (emergency medical services).
06/19/2025 - Depression - Chief complaint was cuts to his/her arm. Patient was upset with the staff that watches over him/her tonight. [Police] reported that they took his/her internet rights away this evening. Patient went upstairs and used a pencil sharpener to scratch his/her left arm. Patient has numerous scratches to his/her arm, all were superficial.
06/28/2025 - Suicidal Thoughts - Upon arrival, the patient was sitting on the ground outside of the home. The patient stated that someone in the group home gave him/her a vape and the patient took multiple 'hits' from the vape pen in order to harm him/herself. The patient stated s/he was suicidal. The patient stated s/he did so because s/he was upset. The patient believes the vape contained tobacco as well as marijuana. The patient was transported to [hospital].
07/06/2025 - Upper Extremity Injury - Upon arrival the patient was standing in the living room with caretaker. S/he did not appear to be in distress. It was reported that the patient had taken a nail out of a windowsill and cut him/herself with it, then pushed the nail into the wound. S/he reports that it was about a one-inch nail. The wound was about one inch long, into the tissue, no nail was visible upon exam, there was redness and tenderness around the wound site. Caretaker had

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taken a picture of the nail, with just the nail head visible in the wound at that time. Patient states that s/he thinks the nail is still in his/her arm. Patient admits that s/he did this in self-harm, s/he has a significant history of self-harm.
07/09/2025 - Upper Extremity Injury - Patient reported that s/he impaled him/herself intentionally with a "poster board" nail with the intent to harm him/herself. S/he expressed suicidal ideations and stated that s/he was hearing voices. Patient had a 3-4 centimeter laceration to his/her inner left forearm. S/he stated that s/he inserted the nail into that laceration. Patient
has a history of cutting him/herself and previous suicide attempts. S/he expressed desire to be admitted to a psychiatric unit to help manage his/her mental health.
07/11/2025 - Crisis - Feeling Suicidal and Cutting him/herself - Upon arrival, patient was located on the back deck ... who had a laceration on his/her arm that s/he continued to reopen and put things in. Today, while outside unattended, s/he found a piece of scrap metal and dug in his/her laceration. Per crew, there appeared to be a piece of metal in the wound that needed to be removed. When patient said s/he would remove it, s/he actually continued to push it in further. Patient reported that s/he was not suicidal, and that s/he did this because "staff weren't paying attention." CARES (Community Alternative Response Emergency Services) spoke to the patient and staff about next steps, including natural consequences with misusing 911. CARES also addressed the numerous safety concerns in the backyard that the patient could use to injure him/herself, including an open tin can, a broken bucket, a cracked water bottle, and numerous sticks or wood chunks. Staff report the patient frequently calls his/her guardian, his/her [family member],

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his/her girl/boyfriend, and then asks for privacy, which is when 911 is called. Staff were able to transport the patient to the ER (emergency room). Patient was ambulatory to the staff member's vehicle. CARES disengaged and made contact with the guardian (Guardian C), who has also struggled with this AFH (adult family home) and this patient. We discussed the patient only having monitored phone use and removing his/her iPad from the home. Guardian agreed and would be talking to the AFH manager. ... Resident 1's care plan was updated as follows: [Resident 1] will only be allowed supervised phone privileges, and his/her iPad will be confiscated to reduce the chance of misusing the 911 system. Additionally, [Guardian C] consents to [Police] writing [Resident 1] citations for the misuse of the 911 system if these 911 calls continue.
07/16/2025 - Suicide Attempt - Patient reports s/he was trying to kill him/herself by cutting his/her arm with a sharp pop top in hopes of cutting an artery.
08/04/2025 - Suicide Attempt - Upon arrival patient was locked in his/her room. Patient stated s/he cut him/herself again. Patient had an older laceration on his/her left forearm with a piece of a comb jammed into it. The piece of comb was removed. Patient agreed to go to the hospital to be seen for mental health issues.

On 09/21/2025, Surveyor reviewed Resident 1's "Care Plan," dated 04/22/2025, which did not document that Resident 1 was suicidal or that restrictions had been placed on his/her electronic use due to misusing the 911 system.

On 09/22/2025 at 8:30 AM, Surveyor interviewed Licensee A. Surveyor discussed the concern of ensuring resident safety. Licensee A explained that s/he did not believe the MCO provided

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M 438	Continued From page 23 him/her with a complete history of the resident prior to admittance. Licensee A stated the information s/he had received explained that resident was known to run out of the home but not that s/he consistently tried to self-harm him/herself or that s/he was verbally and physically aggressive. Surveyor requested the pre-admission packet that the MCO had provided Licensee A prior to admittance. Licensee A stated s/he did not have a packet to forward to the Surveyor. Cross Reference: M0408 DHS 88.06(3)(c) Assessment Identify Needs & Abilities M0414 DHS 88.06(3)(d)2. Level of Supervision M0424 DHS 88.06(3)(f) Review of ISP	M 438		