STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013129	A. BUILDING: _____ B. WING _____	09/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY PATHWAYS LLC VICTORY HOUSI	3744 DOUGLAS AVE RACINE, WI 53402

(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 09/12/2025 to 09/13/2025, Surveyor conducted a standard survey at Community Pathways LLC Victory House I, an AFH in Racine. Two deficiencies were identified. Census: 4	M 000		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 individual service plans (ISPs) reviewed included the resident's guardian in the development of the ISP. Resident 1's and Resident 2's legal guardians were not involved in the development of their ISPs. Findings include: From 09/12/2025 to 09/13/2025, Surveyor reviewed resident records and identified the following concerns: - Resident 1 was admitted to the provider's facility	M 406		

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

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M 406	Continued From page 1 on 03/10/2015. Resident 1 had a legal guardian. Resident 1's ISP, dated 06/19/2025, was not signed by Resident 1's guardian to indicate involvement. - Resident 2 was admitted to the provider's facility on 08/02/2022. Resident 2 had a legal guardian. Resident 2's ISP, dated 01/04/2024, was not signed by Resident 2's guardian to indicate involvement. On 09/12/2025 at approximately 10:00 a.m., Surveyor interviewed Licensee A and asked if s/he had ISPs that included the involvement of Resident 1's and Resident 2's legal guardians. Licensee A stated they had recent meetings for both Resident 1 and Resident 2 so s/he would need to check his/her electronic records. Licensee A stated ISPs were sometimes emailed to guardians. On 09/15/2025 at 12:00 p.m., Licensee A followed up with Surveyor. Licensee A stated Resident 1's ISP, dated 12/03/2024, was sent to Resident 1's guardian on 03/10/2025, but the 06/19/2025 ISP had not been provided to the guardian. Licensee A confirmed s/he did not have documentation to indicate Resident 2's guardian had been involved with his/her ISP, dated 01/04/2024. Cross Reference: M0424 DHS 88.06(3)(f) Review Of ISP	M 406		
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	M 424		

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	0013129	A. BUILDING: _____ B. WING _____	09/13/2025

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M 424	Continued From page 2	M 424		

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 individual service plans (ISP) were reviewed at least every 6 months. Resident 2's ISP had not been reviewed and updated since 01/04/2024.

Findings include:

From 09/12/2025 to 09/13/2025, Surveyor conducted a standard survey.

On 09/12/2025 at 9:00 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's facility on 08/02/2022. Resident 2 had a legal guardian. Resident 2's record included an ISP, dated 01/04/2024, that was not signed.

On 09/12/2025 at approximately 10:00 a.m., Surveyor interviewed Licensee A and asked if Resident 2 had an updated ISP. Licensee A stated they had a meeting the week prior to Surveyor's visit for Resident 2, but s/he did not

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M 424	Continued From page 3 have an updated ISP to provide. Cross Reference: M0406 DHS 88.06(3)(b) Persons Involved With ISP & Assessment	M 424		