Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	510300	A. BUILDING: _____ B. WING _____	C 05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AURORA RES ALTERNATIVES INC 049	1849 HWY 63 COMSTOCK, WI 54826

(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
N 000	Initial Comments On 05/14/2026, Surveyor conducted a complaint investigation at Aurora Res Alternatives Inc 049. Data was collected through 05/19/2026. Two of 2 complaints were unsubstantiated. One new violation was identified. Census: 6	N 000		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's individual service plan (ISP) was updated when Resident 1's needs changed. Findings include: The provider is licensed to care for 8 residents in the client group emotionally disturbed/mental	N 389		

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

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N 389	Continued From page 1 illness. On 05/14/2026, Surveyor reviewed Resident 1's record. -Resident 1 was admitted 12/22/2025. Resident 1's ISP dated 02/11/2026 read, "Social and Cognitive - > Locked Room Door ...Capable of managing locked room door - Note: [Resident 1] is capable of managing a locked door. [S/he] does not currently carry a key ..." At approximately 12:45 PM, Surveyor interviewed Program Director (PD) A and Program Manager (PM) B who stated they did not update ISPs when a resident changed their mind about carrying or not carrying a key to their bedroom. PM B stated Resident 1 had asked for a key to his/her room approximately 2 months ago. On 05/19/2026 from 12:27 PM to 12:41 PM, Surveyor interviewed PD A who confirmed 4 of the 6 current residents chose to carry bedroom keys. PD A stated they did not specifically go into the ISPs and update when a resident changed their mind about having a room key. PD A stated changing the ISP had not been part of the procedure, but they were working on communication and procedure updates to ensure accuracy of the ISPs. The provider did not ensure Resident 1's ISP was updated when Resident 1's needs changed.	N 389		