| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| LIGHTHOUSE AFH LLC | 1001 W ELM DR LITTLE CHUTE, WI 54140 |

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| M 000 | INITIAL COMMENTS<br><br>On 12/08/2025 with additional information gathered through 12/11/2025, Surveyors conducted a standard survey and 2 complaint investigations at Lighthouse AFH LLC.<br><br>Two (2) of 2 complaints were substantiated and 10 deficiencies were identified.<br><br>Census: 1 | M 000 | | |
| M 232 | 88.04(2)(g)1 HEALTH SCREENING FOR STAFF<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the licensee did not obtain documentation from a physician, a registered nurse or a physician's assistant indicating all service providers had been screened for illness detrimental to residents, including for tuberculosis (TB).<br><br>Findings include:<br><br>On 12/08/2025 at 1:15 PM, Surveyor requested to | M 232 | | |

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

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| M 232 | Continued From page 1 | M 232 | | |

review employee files for Caregiver C and Caregiver D to review for compliance with pre-employment health screening for communicable disease, including TB. Licensee A stated the records were not kept onsite, but s/he would retrieve them for Surveyor review.

On 12/08/2025 at 3:10 PM, Licensee A provided some employee records for both caregivers.

The record for Caregiver C, hired 12/22/2024, included documentation of testing for TB but did not include evidence of screening for other communicable disease.

The record for Caregiver D indicated s/he was hired 12/11/2022. Licensee A explained s/he operated the same home under a different license during 2022 and that is when s/he hired Caregiver D. When the new license was issued on 01/23/2024, s/he retained Caregiver D as an employee. The record for Caregiver D did not include evidence of pre-employment health screening for communicable disease, including TB.

Licensee A said s/he would try to locate additional documentation and email to Surveyor by the end of the day on 12/09/2025.

On 12/09/2025 at 3:06 PM, Licensee A sent an email to Surveyor.
--Caregiver C: Attached to the email was the same documentation for Caregiver C's TB test but it did not include evidence of screening for other communicable disease.
--Caregiver D: Licensee A wrote, "I do not have those document in my possession at this time."

Surveyor conducted a follow up interview with

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| M 232 | Continued From page 2<br><br>Licensee A on 12/11/2025 at 1:00 PM. Licensee A said s/he may be able to locate documentation of the communicable disease screening for Caregiver C. Surveyor requested Licensee A to provide any additional documentation by the end of the day, however additional documentation was not received. | M 232 | | |
| M 235 | 88.04(2)(h) COMPLY WITH OSHA<br><br>The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the licensee did not ensure Caregiver B and Caregiver D complied with initial and annual training in universal precautions as contained in the Occupational Health and Safety Administration training standard for the control of blood-borne pathogens.<br><br>Findings include:<br><br>On 12/08/2025 at 1:15 PM, Surveyor requested to review employee files for Caregiver B and Caregiver D to review for compliance with training requirements for universal precautions and the control of blood-borne pathogens. Licensee A stated the records were not kept | M 235 | | |

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| M 235 | Continued From page 3<br>onsite, but s/he would retrieve them for Surveyor review.<br><br>On 12/08/2025 at 3:10 PM, Licensee A provided some employee records for both caregivers.<br><br>The record for Caregiver B indicated s/he was hired 09/01/2023. Licensee A explained s/he operated the same home under a different license during 2022 and that is when s/he hired Caregiver B. When the new license was issued on 01/23/2024, s/he retained Caregiver B as an employee. The record for Caregiver B did not include evidence of training in universal precautions.<br><br>The record for Caregiver D indicated s/he was hired 12/11/2022 and Licensee A said s/he was also hired during the previous period of licensure. The record for Caregiver D did not include evidence of pre-employment health screening for communicable disease, including TB.<br><br>Licensee A said s/he would try to locate additional documentation and email to Surveyor by the end of the day on 12/09/2025.<br><br>On 12/09/2025 at 3:06 PM, Licensee A sent an email to Surveyor and attached additional training documentation. The documentation did not include evidence either Caregiver B or Caregiver D received training in universal precautions. | M 235 | | |
| M 276 | 88.05(3)(a) Homelike Environment<br><br>An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. | M 276 | | |

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| M 276 | Continued From page 4 | M 276 | | |

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure the adult family home was safe, clean, well-maintained and homelike.

Findings include:

On 12/08/2025 beginning at 11:30 AM, Surveyors toured the home accompanied by Licensee A and observed the following:
CAMERA: A camera was plugged in and placed on the top of a kitchen cabinet, facing towards a hallway. The hallway was accessible to residents and included a closet with cleaning supplies, a door to the attached garage, an Ombudsman poster explaining resident rights and the posted fire evacuation plan. A sign was posted in the kitchen next to the sink that read, "NOTICE THIS AREA IS MONITORED BY VIDEO CAMERA" Licensee A said even though the camera was plugged in and the sign was posted, it was not in use.
FOOD STORAGE: The freezer in the kitchen was dirty with spills and food crumbs. The refrigerator contained sour cream expired 10/13/2025, a glass bowl containing an unidentifiable brown substance and 2 unlabeled plastic quart containers of what appeared to be soup. A kitchen cupboard contained an old bread bag with a black substance inside. Resident 1 were present during the observation and said the glass bowl contained banana puree that s/he intended to throw out the the soup had been there for 7

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| M 276 | Continued From page 5 | M 276 | | |

days. Licensee A confirmed the black substance in the bread bag was old bread.
TABLE: The dining room contained large, heavy table with a glass top; the table was unstable and wobbled when touched. During the afternoon, Surveyors reviewed records at the table with Licensee A and the table swayed if any amount of pressure was applied. Licensee A said the bolts where the legs connected to the table needed to be tightened.
HALLWAY BATHROOM & HOT WATER: The hallway bathroom tub was dirty with a dark residue and hair accumulation in the corners and around the drain. Two shampoo bottles were laying in the tub. There was a pink cotton bathmat that was dirty and in need of laundering. The sink in the bathroom backed up when the water ran. The water temperature was 125.8 °F and verified by Licensee A at 12:33 PM. Licensee A stated s/he does not routinely test water temperatures and this has been an issue in the past.(NOTE: "Exposure to hot water is a potential environmental danger for clients...clients with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." Sustained contact with dangerously hot water can result in second and third degree burns according to the following thresholds: 110°F 13 min - 120°F 10 min - 127° F 1 min...." (DQA publication P-01942, Hot Water Temperatures in Adult Family Homes, 08/2017).
SECOND BATHROOM, HOT WATER AND

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| M 276 | Continued From page 6<br>LAUNDRY ACCESS: The home had a second bathroom which was only accessible through a resident room (former Resident 2 - discharge date 09/09/2025.) The water temperature in this bathroom was 128°F, verified by Licensee A at 12:35 PM. The floor and blue cotton bathmat were dirty and the toilet paper holder was broken. The only laundry facilities in the home were located in this bathroom. During an interview with Resident 1 at 12:40 PM, s/he said when Resident 2 resided in the facility, s/he needed to rely on staff to do his/her laundry so s/he wasn't passing through Resident 2's room. Resident 1 said now that Resident 2 is gone and the room is vacant, s/he independently does his/her own laundry.<br>DRIER VENTING: Surveyors observed the drier had accordion style flexible venting. (NOTE: "Fires can occur when lint builds up...in the exhaust duct...To help prevent fires...Replace plastic or foil, accordion-type ducting material with rigid or corrugated semi-rigid metal duct...The flexible plastic or foil type duct can more easily trap lint and is more susceptible to kinks or crushing, which can greatly reduce the airflow." Source: https://www.cpsc.gov/s3fs-public/5022.pdfRetrieval date, 12/15/2025.)<br>CARBON MONOXIDE DETECTION: The basement contained a room with a gas furnace. There was no carbon monoxide detector near the furnace or anywhere in the basement. Licensee A verified Surveyor's observation. (NOTE: The Environmental Protection Agency recommends placement of carbon monoxide alarms "in a central location on every level of the home's livable space (including the basement) and at least 15 feet away from any fuel-burning appliance." Source: https://www.epa.gov/indoor-air-quality-iaq/carbon-monoxide-alarms-protect-your-family-and-yoursel | M 276 | | |

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| M 276 | Continued From page 7<br>f-infographic, retrieval date 12/15/2025.) | M 276 | | |
| M 332 | 88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS<br><br>Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure fire extinguishers were inspected annually by an authorized dealer or the local fire department with an attached tag showing the date of the last inspection.<br><br>Findings include:<br><br>During a tour of the home while accompanied by | M 332 | | |

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| M 332 | Continued From page 8<br><br>Licensee A on 12/08/2025 beginning at 11:44 AM, Surveyor observed two fire extinguishers. One was located in the basement and one in the dining room area of the main floor. Both extinguishers had inspection tags showing the most recent inspection was July 2024.<br><br>Licensee A confirmed Surveyor's observation and did not offer evidence the fire extinguishers had been inspected after July 2024. | M 332 | | |
| M 334 | 88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS<br><br>Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, Licensee A did not ensure smoke detection was present in all required locations.<br><br>Findings include: | M 334 | | |

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| M 334 | Continued From page 9<br><br>During a tour of the home while accompanied by Licensee A on 12/08/2025 beginning at 11:44 AM, Surveyor observed the following:<br><br>The basement contained two distinct spaces; a common area and a door leading to another room which contained a furnace. There was one smoke detector in the common area. The smoke detector was not mounted and was hanging freely from the false ceiling tiles, attached by a blue wire.<br>At the head of the basement stairs, there was a bracket mounted to the ceiling for a smoke detector, but the smoke detector was not present.<br>The living room did not contain a smoke detector.<br>One resident bedroom (formerly Resident 2's) contained a bracket mounted to the ceiling for a smoke detector, but the smoke detector was not present.<br><br>During the tour, Licensee A confirmed Surveyor's observations. | M 334 | | |
| M 336 | 88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE<br><br>The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the | M 336 | | |

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| M 336 | Continued From page 10<br>provider did not provide evidence to show smoke detectors were tested monthy to ensure it was in working condition.<br><br>Findings include:<br><br>On 12/08/2025 at 11:37 AM, Surveyor observed a posted document in the hallway adjacent to the kitchen. The document had a section titled, "Smoke Detector Test" and included sections for 12 months. All 12 sections were blank.<br><br>Surveyors conducted an interview with Licensee A at 3:16 PM. S/he confirmed Surveyors review of the document and said s/he did not have additional documentation to show monthly smoke detector tests were completed. | M 336 | | |
| M 338 | 88.05(4)(c)1 EXITING FROM THE FIRST FLOOR<br><br>Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, one of two exits in the home did not provide unobstructed access to the outside.<br><br>Findings include:<br><br>On 12/08/2025 at 12:20 PM, Surveyor observed the posted exit diagram which identified an exit at the front of the in the kitchen and an exit in the back of the home through a patio door in the | M 338 | | |

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| M 338 | Continued From page 11<br>living room.<br><br>At 12:22 PM, Surveyor observed a board had been placed in the track of the patio door. With the board in the tracks, the door would only open approximately three inches. Additionally, the area where the board had been placed was obstructed by the couch. In order to fully open the door, someone had to either move the couch or reach over it to remove the board.<br><br>Furthermore, that portion of the patio door was blocked by a couch. When the board was removed, Surveyor observed the emergency exit door lead to a ramp which lead to the backyard. The ramp had rails, was not shoveled and in some places contained up to approximately 4 inches of snow. The back yard was also covered in snow.<br><br>Administrator A confirmed Surveyor's observations. | M 338 | | |
| M 346 | 88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION<br><br>Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure each resident was | M 346 | | |

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| M 346 | Continued From page 12<br>evaluated annually for evacuation time, using the department form.<br><br>Findings include:<br><br>On 12/08/2025 beginning at 1:12 PM, Surveyor reviewed Resident 1 and Resident 3's records, provided by Licensee A.<br><br>Resident 1 was admitted on 09/02/2022 and discharged on 09/11/2025. Resident 1 had diagnoses to include cognitive impairment, ADHD, bipolar disorder and developmental disability. Resident 1's record contained one Department form titled, ""Resident Evacuation Assessment" which was completed by Licensee A on 03/28/2023.<br><br>Resident 3 was admitted 01/26/2022 and was a current resident. Resident 1 had diagnoses to include cognitive impairment, autism, bipolar disorder, schizophrenia and depression. The record for Resident 3 contained one Department form titled, "Resident Evacuation Assessment" which was completed by Licensee A on 03/28/2022.<br><br>Licensee A confirmed Surveyor's review of the records. Licensee A also explained s/he operated the same home under a different license during 2022 and 2023. When the new license was issued on 01/23/2024, she retained Residents 1 and 3. Licensee A said s/he was unaware of the requirement to complete the evacuation assessment annually. | M 346 | | |
| M 348 | 88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS<br><br>The licensee shall conduct semi-annual | M 348 | | |

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| M 348 | Continued From page 13<br>fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, Licensee A did not maintain written documentation of the date, time and evacuation time for semi-annual fire drills.<br><br>Findings include:<br><br>On 12/08/2025 at 11:37 AM, Surveyor observed a document posted in the hallway adjacent to the kitchen. Surveyor reviewed the document which had a section titled, "Fire Evacuation" and included sections to document drills for 12 months. The sections did not prompt for time or total evacuation time for the drills. All 12 sections were blank.<br><br>At 3:16 PM, Surveyor conducted an interview with Licensee A. Licensee A confirmed Surveyor's review of the document and stated s/he did not have documentation of any fire drills from 2025. | M 348 | | |
| M 414 | 88.06(3)(d)2 LEVEL OF SUPERVISION<br><br>Identification of the level of supervision required in the home and community.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interviews, the provider did not ensure the individual service plan (ISP) developed for Resident 1 and 2 identified | M 414 | | |

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the level of supervision required for each of the residents while in the home and in the community.

Findings include:

On 09/15/2025 and again on 09/23/2025, the Department received concerns regarding supervision and staffing needs.

RESIDENT 1

On 12/08/2025, Surveyor reviewed Resident 1's closed record from the provider. Resident 1's record revealed (s/he) was admitted to the facility on 09/02/2022 with diagnosis to include cognitive impairment, ADHD, bipolar disorder, developmentally disabled and insomnia. Additionally, the record indicated Resident 1 had an MCO (Managed Care Organization), a guardian (Guardian E) and was removed from the home on 09/11/2025.

On 12/10/2025 Surveyor reviewed Resident 1's MCO "Member Notes" and the following was noted:

--09/09/2025- "Writer went to complete a face to face visit with [Resident 1] at the AFH (Adult Family Home). [Resident 1] was talkative and pleasant. [Licensee A] was not at the AFH or any other staff at the time. [Licensee A] was called and [s/he] said [s/he] would be on [her/his] way and would be there in 5 minutes. When [Licensee A] arrived to the AFH writer educated [her/him] that there needs to be staffing 24/7. [Licensee A] said there has been a misunderstanding and that [s/he] will have staff coming later this evening and [s/he] would be here until staff arrive. [Licensee A] then later on in the conversation said there will

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be staff coming in 45 minutes. Besides no staffing there were no immediate concerns and the members at the AFH seemed to be in no immediate danger. Writer instructed [Licensee A] someone from the MCO would be following up later tonight to ensure there is appropriate staffing..."

--09/10/2025- "Attempts to contact [Resident 1's] guardian. [CM-F] called [Guardian E] at 8:58 AM and 2:58 PM and left a message on [her/his] voicemail both times letting [her/him] know to call back as soon as [s/he] could because there was a need to move [Resident 1] today due to health and safety concerns..."

--09/11/2025 at 11:28 AM- "[CM-F] called [Guardian E]. [Guardian E] stated [s/he] will be going over at 11:00 AM to help [Resident 1] pack a bag and some belongings. [S/he] would like [the new facility] to come around noon, that way [s/he] can be there to help see [Resident 1] off and meet staff as well. [Guardian E] talked about the emails [Licensee A] sent this morning insisting [Resident 1's] level of care be re-evaluated to not need 24/7 and overnight supervision...[Guardian E] called [Resident 1] to let [her/him] know the plan for today and [Resident 1] is not happy with needing to move. [Guardian E] stated [Licensee A] got on the phone bombarding [her/him] with a bunch of questions...[Guardian E] stated [Licensee A] was still trying to say [Resident 1] doesn't need 24/7 care, that [Resident 1] can stay there and [Resident 1] is a very independent person. [Guardian E] reiterated to [Licensee A] that [s/he] would be going to help pack [Resident 1's] things to move today and they would figure out the rest as they go..."

--09/11/2025 at 4:29 PM- "Update from [Guardian

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E], on move. [Guardian E] called [CM-F], stating [Resident 1] is with staff from [new facility] and on their way there now. [Guardian E] stated [Licensee A] was asking a lot of uncomfortable questions in front of [Resident 1]...[Guardian E] let [Licensee A] know over and over [s/he] was not a decision maker in the investigation going on and that [s/he] was just doing what everyone was in agreeance with and helping [Resident 1] move to a facility that could provide [her/him] with the 24/7 care [s/he] needs. [Licensee A] kept telling [Guardian E] that [Resident 1] is fine on [her/his] own and [s/he] doesn't need 24/7 supervision, as if [s/he] was saying it on repeat to convince [him/herself]. [Guardian E] said [s/he] finally stopped and asked [Resident 1] in front of [Licensee A] if [s/he] needs help with reminders and prompts daily with showering, hygiene, grooming, and medication reminders. [Resident 1] stated yes. [Guardian E] asked [Resident 1] if [s/he] was able to operate a stove and oven on [her/his] own or make healthy choices for meals. [Resident 1] stated [s/he] is not. [Guardian E] than looked at [Licensee A] and told [her/him] that is why [Resident 1] needs 24/7 supervision. [Licensee A] then proceeded to say [Resident 1] is fine unsupervised overnight though..."

--09/11/2025 at 5:28 PM- "[Resident 1] contacted writer. [Resident 1] reported to writer [s/he] was moving today and was happy in [her/his] new residence."

On 12/10/2025, Surveyor reviewed Resident 1's MCO, MCP (Member Centered Plan) dated 08/21/2025. The MCP indicated, "ADL Care and Supervision- [Resident 1] will have [her/his] needs met and be safe during the day and overnight as evidence by having supervision and assistance during the day and night with emergencies, other

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non-routine events that occur and all ADL's as needed. Intervention: Facility staff are available for routine and non-routine care and supervision, facility staff assist [Resident 1] in case of an emergency. Barrier: [Resident 1] has cognitive impairment, developmental disabilities and ADHD requiring overnight supervision, [Resident 1] needs assistance in case of an emergency to complete safely."

On 12/08/2025, Surveyor reviewed Resident 1's ISP (Individualized Service Plan) dated 08/21/2025 and signed by Licensee A, Resident 1, CM (Care Manager)-F and CMN (Care Manager Nurse)-G. The ISP dated 08/21/2025 was not signed by Resident 1's guardian, to indicate her/his agreement or participation in its development. The ISP indicated Resident 1 was able to verbalize needs, was independent with toileting, mobility and had no behaviors. In addition the ISP indicated Resident 1 was, "Capable of self supervision...Needs assistance for capacity for self direction and self care...Medications: Self administers own medications and staff supervises. Vocational: [Resident 1] works at VPI (Valley Packaging Inc.)...Food Preparation: [Resident 1] is able to make simple meal prep-staff assist. Transportation: [Resident 1] uses Valley Transit, Care-pool and Stat Medical. Housekeeping Skills: [Resident 1]...does need some assistance when cleaning [her/his] room, staff assist [Resident 1] one hour a day in helping [her/him] organize and keep [her/him] room clean...Dressing: [Resident 1] need to be reminded to wear weather appropriate clothing, staff assist. Grooming: [Resident 1] does need some assistance with brushing [her/his] hair, staff assist. Bathing: [Resident 1] needs reminders to wash shampoo out completely, staff assist.

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Leisure time Activities: [Resident 1] enjoys socializing with friends and going to the mall, going out to eat and crafts...Community Contacts: [Resident 1] is very involved in SOAR and participates in bowling, swimming, basketball and bocce ball...Sleeping patterns: [Resident 1] does sleep through the night but occasionally gets up once or twice a week in the middle of the night to get water." On 12/08/2025, Licensee A verified the ISP dated 08/21/2025 was the most current and up to date ISP for Resident 1 and acknowledged the ISP was not signed by Guardian E. ***Surveyor noted Resident 1's ISP was not consistent with Resident 1's current MCO, MCP assessment on file. The level of supervision established in the MCO member centered plan was not the same as what was listed in Resident 1's ISP.

In addition, the ISP developed and dated 08/21/2025 for Resident 1 did not:
--Identify Resident 1's ability to keep her/himself safe and free of hazards while in the home unsupervised, or the ability to call for help while unsupervised
--Identify days or times Resident 1 would be unsupervised in the home or the maximum amount of time Resident 1 could be left unsupervised in the home
--Identify if there were any limits to Resident 1's activities when unsupervised in the home
--Identify Resident 1's level of independence while out in the community or the ability to keep her/himself safe during unsupervised times in the community.

The closed record for Resident 1 did not include documentation of the resident's assessed ability to be safe and remain in the home and/or community unsupervised.

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| M 414 | Continued From page 19<br><br>On 12/09/2025 at 12:30 PM, Surveyor spoke with Resident 1's guardian. Guardian E indicated Resident 1 required supervision, reminders and cues because "[Resident 1] has a hard time processing things." Guardian E stated, "[Resident 1] would go to work in the community, ride a bus, and go to a friends house on [her/his] own while living at the home. [Resident 1] lacks boundaries and stranger danger and needs supervision especially for cooking, showering and basic hygiene." Guardian E went on to say, "On 09/10/2025, I received a phone call from [Resident 1's] MCO care team reporting the home hasn't had staff around the clock. When I reached out to [Licensee A] to find out exactly what was going on [Licensee A] told me [Resident 1] didn't need 24/7 supervision. I told [Licensee A] that's not what we discussed at the last meeting I attended. [Resident 1] needs assistance with staying on task and needs supervision that's why [Resident 1] moved to the home...[Resident 1] likes to eat a lot and over eats to the point [s/he] gets sick. Prior to 09/10/2025, I never had any concerns about staffing or supervision at the home...On 09/10/2025, I gave consent to find emergency placement for [Resident 1]. On 09/11/2025, [Resident 1's] MCO called me and told me they found a place for [Resident 1] and asked if I could tell [Resident 1]. I called [Resident 1] on [her/his] cell phone and explained the situation and [Resident 1] was very upset about having to move."<br><br>On 12/08/2025 at 10 AM, Surveyors interviewed Licensee A regarding Resident 1. Licensee A indicated Resident 1 took her/his own medication, was independent with toileting, mobility and transfers. Resident 1 slept through the night and | M 414 | | |

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used the bus and cabs independently in the community. Licensee A stated, "[Resident 1] was very active in the community. [Resident 1] worked at VPI, went to Special Olympics and walked a lot outside, sometimes eight miles a day. On the weekends [Resident 1] would go to [her/his] [boy/girl friend's] house or attend events through Special Olympics/VPI." When Surveyors asked Licensee A if Resident 1 exhibited any behaviors, Licensee A indicated Resident 1 had no behaviors and stated, "I'm not sure why [Resident 1] had a guardian, I had no issues with [Resident 1], [s/he] was really good...[Resident 1] did have a food consumption problem and hoarding issue. [Resident 1] would over consume food and take food products that weren't [his/her's]...[Resident 1's] MCO is now stating [her/his] cares increased." Surveyors asked, what cares increased. Licensee A stated, "The MCO didn't tell me...The MCO pulled my contract and started moving residents and didn't specify why." Surveyors then asked Licensee A about the 09/09/2025 incident when the MCO arrived at the home and no staff were present. Licensee A verified no staff was present in the home on 09/09/2025 because the staff member was running late, but [s/he] was available and just down the road from the house. Licensee A stated s/he showed up at the home shortly after s/he received the call from the MCO. Licensee A indicated Resident 1 did not require 24/7 supervision or overnight care. Surveyors asked what "Capable of self supervision" meant on Resident 1's ISP. Licensee A stated, "It means [Resident 1] doesn't need 24/7 hands on care. [His/her] behaviors are low." When Surveyors asked how many hours Resident 1 could be left unsupervised in the home and/or community, Licensee A verified Resident 1's ISP did not indicate hours or days Resident 1 would be on

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self supervision.

RESIDENT 2

On 12/08/2025, Surveyor reviewed Resident 2's closed record from the provider. Resident 2's record revealed (s/he) was admitted to the facility on 03/11/2025 with diagnosis to include TBI (traumatic brain injury). Additionally, the record indicated Resident 2 was PP (protectively placed), had an MCO and a guardian (Guardian H). Resident 2 was removed from the home on 09/10/2025.

On 12/10/2025 Surveyor reviewed Resident 2's MCO "Member Notes" and the following was noted:

--09/09/2025- "Writer went to complete a face to face visit with [Resident 2]. [Resident 2] was with [his/her] guardian and was not at the AFH when writer stopped by. [Licensee A] was not at the AFH or any other staff at the time. [Licensee A] was called and [s/he] said [s/he] would be on [her/his] way and would be there in 5 minutes. When [Licensee A] arrived to the AFH writer educated [her/him] that there needs to be staffing 24/7. [Licensee A] said there has been a misunderstanding and that [s/he] will have staff coming later this evening and [s/he] would be here until staff arrive. [Licensee A] then later on in the conversation said there will be staff coming in 45 minutes. Besides no staffing there were no immediate concerns and the members at the AFH seemed to be in no immediate danger. Writer instructed [Licensee A] someone from the MCO would be following up later tonight to ensure there is appropriate staffing..."

--09/10/2025- "Need to move [Resident 2]. Going

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to stay with [Guardian H]. [CM-F] spoke with [Guardian H]. [Guardian H] will make sure to be home and [Resident 2] can stay with [her/him] until a better fit for placement can be found. [S/he] will go and help [Resident 2] pack this afternoon and let [him/her] know [s/he] needs to move..."

--09/19/2025- IDT met with [Resident 2] and [Guardian H] in [Guardian H's] home. [Guardian H] is in agreement with [Resident 2] staying with [her/him] until an acceptable AFH can be located for [Resident 2] to live in..."

On 12/10/2025, Surveyor reviewed Resident 2's MCO, MCP dated 08/21/2025. The MCP indicated, "ADL Care and Supervision- [Resident 2] will continue to live in a safe environment seeking assistance with cares when needed from those [s/he] trusts. Intervention: AFH staff provide [Resident 2] daily care and support 24/7. AFH provides sleep staff. Barrier: TBI, impulsivity, unsteadiness at times, assistance for emergencies and problem solving needed."

On 12/08/2025, Surveyor reviewed Resident 2's ISP dated 04/08/2025 and signed by all parties. The ISP indicated Resident 2 was able to verbalize needs, was independent with toileting, mobility and had no behaviors. In addition the ISP indicated Resident 2 was, "Capable of self supervision...Independent for capacity for self care...Medications: Self administers own medications and staff supervises. Vocational: DVR...Food Preparation: Can use microwave and make small meal, staff will assist. Transportation: Valley Transit. Housekeeping Skills: Able to complete safely, staff will assist...Mobility: Some issue with balance...Leisure time Activities: Biking and watching TV...Sleeping patterns: Still

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adjusting." On 12/10/2025, Licensee A verified the ISP dated 04/08/2025 was the most current and up to date ISP for Resident 2. ***Surveyor noted Resident 2's ISP was not consistent with Resident 2's current MCO, MCP assessment on file. The level of supervision established in the MCO member centered plan was not the same as what was listed in Resident 2's ISP.

In addition, the ISP developed and dated 04/08/2025 for Resident 2 did not:
--Identify Resident 2's ability to keep her/himself safe and free of hazards while in the home unsupervised, or the ability to call for help while unsupervised
--Identify days or times Resident 2 would be unsupervised in the home or the maximum amount of time Resident 2 could be left unsupervised in the home
--Identify if there were any limits to Resident 2's activities when unsupervised in the home
--Identify Resident 2's level of independence while out in the community or the ability to keep her/himself safe during unsupervised times in the community.

The closed record for Resident 2 did not include documentation of the resident's assessed ability to be safe and remain in the home and/or community unsupervised.

On 12/10/2025 at 12:50 PM, Surveyor spoke with Resident 2's guardian. Guardian H stated, "I would visit [Resident 2] everyday because I lived a mile down the road. [Resident 2] would bike to my house everyday and stay from 11 AM until supper. During the first three months of [Resident 2] living at the AFH there was a live in staff person. Then starting sometime in June 2025 through September 2025, I never saw any

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|---|---|---|---|
| | 0019788 | A. BUILDING: _____ B. WING _____ | C 12/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LIGHTHOUSE AFH LLC | 1001 W ELM DR LITTLE CHUTE, WI 54140 |

| (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 |
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staff in the AFH. When I visited, I would ask [Residents 1, 2 and 3] if any staff were in the home, and they would tell me there was no staff in the home...I would see a staff member once a week doing laundry and cleaning [Resident 1's] bedroom, and occasionally see a staff member at the home helping with dinner or dropping off meals, otherwise I never saw staff at the home. [Licensee A] would do pop-ins visits, but there were no set staff hours." Surveyor then asked Guardian H what level of supervision [Resident 2] needed. Guardian H stated, "[Resident 2's] PP was in the process of getting removed...I don't think [Resident 2] required 24/7 supervision but needed some supervision to assist with making meals due to [his/her] cognition and safety awareness with the stove. [Resident 2's] vision was poor from the TBI, which affected [his/her] balance and made [him/her] at risk for falling." Surveyor then asked if there was any assessment or meeting to discuss [Resident 2's] ability to be in the home or community unsupervised. Guardian H stated, "No there was not."

On 12/08/2025 at 11:15 AM, Surveyors interviewed Licensee A regarding Resident 2. Licensee A indicated Resident 2 was independent with toileting, mobility and transfers and used a pedal bike in the community to get around. Licensee A also indicated, Guardian H would visit the AFH daily and Resident 2 spent a lot of time at Guardian H's house. Licensee A stated, "[Resident 2] had impaired vision and some short term memory issues because of [his/her] TBI. [Resident 2's] vision depth perception was not the best and affected [his/her] balance. When [Resident 2] started riding a bike the biggest concern was [his/her] balance, but [his/her] balance seemed to be stable and [s/he] didn't have any falls." Surveyors then asked about

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Resident 2's short term memory issues. Licensee A stated, "[Resident 2] would frequently forget the door key code or where the back up key for the door was located...Little things like that." When Surveyors asked Licensee A if Resident 2 exhibited any behaviors, Licensee A indicated Resident 2 had no behaviors. Surveyors then asked Licensee A about Resident 2's level of supervision. Licensee A indicated Resident 2 did not require 24/7 supervision or overnight care. Surveyors asked what "Capable of self supervision" meant on Resident 2's ISP. Licensee A stated, "It means [Resident 2] doesn't need 24/7 hands on care. [His/her] behaviors are low." When Surveyors asked how many hours Resident 2 could be left unsupervised in the home and community, Licensee A verified Resident 2's ISP did not indicate hours or days Resident 2 would be on self supervision.

On 12/11/2025 at 1 PM during the exit conference, Surveyors discussed with Licensee A, the ISPs for Resident 1 and 2 did not identify their ability to keep themselves safe and free of hazards while in the home unsupervised, or if there were any limits to their activities when unsupervised in the home. Resident 1's and 2's ISP did not identify days or times the resident's would be unsupervised in the home or the maximum amount of time the resident's could be left unsupervised in the home. Surveyors also discussed, Resident 1's and 2's ISP did not identified their level of independence while out in the community or the ability to keep themselves safe during unsupervised times in the community. Licensee A acknowledged Resident 1's and 2's ISP did not specify the level of supervision required while they were in the home or in the community. Licensee A then verified there was no documented assessment for Resident 1 or 2

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| M 414 | Continued From page 26<br>to determine if they were capable of self supervision. | M 414 | | |