STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018125	A. BUILDING: _____ B. WING _____	C 06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRIS HOMES LLC	1416 138TH AVENUE ALDEN, WI 54017

(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 06/03/2025, Surveyor conducted a complaint investigation and standard survey at Chris Homes LLC. Data collection continued through 06/11/2025. The complaint was unsubstantiated. Two deficiencies were identified. Census: 2	M 000		
M 218	88.04(2)(b) AWAKE STAFF FOR CONTINUOUS CARE The licensee shall ensure that he or she or a service provider is present and awake at all times if any resident is in need of continuous care. This Rule is not met as evidenced by: Based on observation, record review, and interview, the licensee did not ensure s/he or a service provider was present and awake at all times when a resident was in need of continuous care. Findings include: Per DHS 88, "Continuous Care" is defined as the need for supervision, intervention, or services on a 24-hour basis to prevent, control and ameliorate a constant or intermittent mental or physical condition which may break out or become critical during any time of the day or night. The provider is licensed to care for up to 4 residents in the client groups of developmentally disabled and advanced age.	M 218		

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

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M 218	Continued From page 1 On 06/03/2025, at approximately 2:45 PM, Surveyor interviewed Licensee A. When asked if any of the residents required continuous care, Licensee A stated Resident 1 required continuous care and 24/7 supervision. Licensee A stated Resident 1 had a stroke that resulted in short term impairment. Licensee A stated Resident 1 wore a GPS ankle monitor 24/7. The ankle monitor was requested by Resident 1's legal decision-maker. Licensee A stated Resident 1 could get disoriented in new places. Licensee A stated s/he changed the battery on the ankle monitor daily and documented it. Licensee A stated it was an overnight sleep program and s/he typically slept from 11:00 PM to 7:00 AM. Licensee A stated there was not an awake staff during the overnight hours. At approximately 4:10 PM, Surveyor requested to review Resident 1's records that included the following: -A document titled, "AFH (Adult Family Home) Individualized Service Plan (ISP) Form." The logo for Resident 1's Managed Care Organization (MCO) was observed on the top left hand corner of the document. Under a section titled, "Supervision," it read, "Resident will be supervised overnight by providers or substitute providers who are at least 18 years of age and have an up to date criminal background check on record with [MCO]." A sentence immediately below that paragraph stated, "Member requires 24-hour supervision (cannot be left alone.) The box next to that statement was marked, "yes." An additional sentence read, "Member can spend ___ hours unsupervised." That area was blank, and no boxes were checked. The last sentence in the section read, "Member can come and go from AFH as they desire." The box next to that	M 218		

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M 218	Continued From page 2	M 218		

statement was marked, "no." The MCO care plan was signed by the provider and Resident 1's legal decision-maker on 03/18/2025.
-A court document indicating Resident 1 was protectively placed with St. Croix County.
-A document titled, "Annual Protective Placement Review," dated 03/18/2025. Under a section titled, "Diagnosis," there were multiple diagnoses, including the following: alcohol abuse, cerebral infarction, cerebral vasospasm and vasoconstriction, degenerative disease of the nervous system, other aneurysm, personal history of traumatic brain injury, and vascular dementia without behavioral disturbance. Under a section titled, "Has the resident responded to Treatment Plan and Goals?" it read, in part, "The ISP reports that [s/he] requires 24-hour supervision."

At approximately 4:20 PM, Surveyor observed Resident 1's ankle monitor on Resident 1. When asked if there was anything documented in Resident 1's care plan about the use of the ankle monitor, Licensee A stated, "Probably not."

On 06/09/2025, at 4:52 PM, Surveyor emailed Licensee A and asked when Resident 1's stroke happened and when his/her GPS monitoring system was implemented.

On 06/10/2025, at 9:11 AM, Surveyor received an email from Licensee A clarifying Resident 1's stroke happened on 03/26/2015, and s/he received his/her GPS on 03/28/2016.

On 06/11/2025, at 3:00 PM, Surveyor interviewed Licensee A via phone. Surveyor discussed Resident 1's reported need for continuous care and 24/7 supervision. Licensee A stated they said Resident 1 was a wandering risk but s/he had not

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M 218	Continued From page 3 wandered from the home. Licensee A stated Resident 1 got confused in outside situations and his/her family was more comfortable with him/her having the GPS monitor. Cross Reference M0410 DHS 88.06(3)(d) Individual Service Plan	M 218		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on record review and interview, the licensee did not develop an individual service plan (ISP) to address the needs and abilities in the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation, for 2 of 2 (Resident 1 and Resident 2) residents reviewed. Findings Include: The provider is licensed to care for up to 4 residents in the client groups of developmentally disabled and advanced age. On 06/03/2024 at approximately 4:10 PM, Surveyor requested to review records for Resident 1 and Resident 2. Licensee A provided a binder for each resident. Resident 1 and Resident 2 had a "Member Care Plan" developed by a	M 410		

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M 410	Continued From page 4 Managed Care Organization (MCO). The records did not include an ISP developed by the provider. At approximately 4:15 PM, Surveyor interviewed Licensee A. When asked if s/he developed an ISP for Resident 1 and Resident 2, Licensee A stated s/he had been using the MCO's care plans. Licensee A stated s/he had previously used his/her own ISP format but moved over to using the MCO's plans. Cross Reference M0218 88.04(2)(a) Awake Staff For Continuous Care	M 410		