STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018432	A. BUILDING: _____ B. WING _____	R-C 05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALK BY FAITH AFH CHRISTIANS HOME	412 SOUTH BIRD STREET SUN PRAIRIE, WI 53590

(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 05/23/2024, Surveyors conducted a verification visit at Walk By Faith AFH Christian Home, an AFH in Sun Prairie. One deficiency was identified. Statement of Deficiency (SOD) OP7B13, dated 01/12/2024, was corrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 2	{M 000}		
M 556	88.10(3)(e) Self-Direction Self-direction. To have opportunities to make decisions relating to care, activities and other aspects of life in the adult family home. No curfew, rule or other restrictions on a resident's freedom of choice shall be imposed unless specifically identified in the home's program statement or the resident's individual service plan. An adult family home shall help any resident who expresses a preference for more independent living to contact any agency needed to arrange it. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 2 residents was able to make decisions related to his/her activities. Resident 7, who was able to come and go from the provider's home as s/he desired, did not always have access to the home. Findings include:	M 556		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 556	Continued From page 1 On 05/23/2024 at approximately 9:00 a.m., Surveyors entered the home. Resident 7 was not in the home. On 05/23/2024 at approximately 9:05 a.m., Surveyor reviewed Resident 7's record. Resident 7 admitted to the provider's home on 05/06/2024. Resident 7 was his/her own decision maker. Resident 7's individual service plan (ISP), dated 05/09/2024, stated Resident 7 could come and go from the home as s/he wished but had a 9:00 p.m. curfew. On 05/23/2024 at approximately 9:10 a.m., Surveyor interviewed Caregiver L. Caregiver L confirmed Resident 7 was out in the community. Surveyor asked about staffing. Caregiver L stated s/he had been working since 05/20/2024 at 4:00 p.m. and was done working as soon as Resident 8 went to his/her day program. Surveyor asked who would staff the home after Caregiver L's shift and how Resident 7 would have access to the home if s/he desired to return. Caregiver L stated s/he was unsure. On 05/23/2024 at approximately 9:20 a.m., Surveyor interviewed Licensee A via phone. Licensee A reported that s/he was greater than 1 hour away in Milwaukee. Surveyor asked Licensee A if Resident 7 had a key to come and go from the home as s/he wished. Licensee A replied, "No." Licensee A stated Resident 7 needed to contact Licensee A or go to Caregiver F's house, who lived next door, if s/he wished to return to the home when the home was not staffed. Surveyor shared concern that Resident 7 would not be able to return to the home if Licensee A did not answer, if Caregiver F was not home or if Licensee A was unable to make	M 556		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018432	A. BUILDING: _____ B. WING _____	R-C 05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALK BY FAITH AFH CHRISTIANS HOME	412 SOUTH BIRD STREET SUN PRAIRIE, WI 53590

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M 556	Continued From page 2 arrangements for a staff member to immediately go to the home. Licensee A reiterated that Resident 7 had a cell phone and was to contact Licensee A when s/he was heading back to the home. On 05/23/2024 at approximately 9:30 a.m., Resident 8 left for day program. On 05/23/2024 at approximately 9:45 a.m., Surveyors observed Caregiver F and Caregiver L leave the home. Surveyor then observed that both entrances to the home were locked and inaccessible should Resident 7 have wished to return to the home.	M 556		