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
	0010596	A. BUILDING: _____ B. WING _____	R-C 09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AURORA RESIDENTIAL ALT INC 85	1500 S EDGEWATER DR EAU CLAIRE, WI 54701

(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 09/04/2025, Surveyor conducted a verification visit at Aurora Residential Alternatives Inc 85. Two of 3 deficiencies identified in Statement of Deficiency (SOD) OZT911, dated 11/26/2024 were corrected. One deficiency was identified, and was a repeat deficiency. See SOD OZT911, dated 11/26/2024. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{M 482}	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure resident records were maintained in a secure location within the home to prevent unauthorized access. This is a repeat deficiency. See Statement of Deficiency (SOD) OZT911, dated 11/26/2024. Findings include: On 11/13/2024 at approximately 9:30 AM, Surveyor toured the home with Caregiver A and	{M 482}		

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

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{M 482}	Continued From page 1 Caregiver B and observed the staff office. The office contained a desk and file cabinets and was in an area of the home between the kitchen and living room. The staff office area did not contain doors and was accessible from the living room and kitchen. The office contained two stacked, 2-drawer metal file cabinets which were unlocked. Surveyor opened all 4 drawers, which contained confidential resident information including medication lists, appointments, and care plans for all 4 residents. Caregiver A informed Surveyor the keys were stored on the desk in a desk organizer for the cabinet, and the keys to the smaller 2-drawer cabinet (located left of the desk) were stored on a hook adhered to the cabinet. Caregiver A stated "resident funds, and any orders" were stored in the cabinet. Caregiver A and Caregiver B confirmed the keys "were always stored on the desk and on the hook". On 09/04/2025, Surveyor discussed the above observation with Program Director (PD) C. PD C stated s/he would review monthly team meetings notes as s/he was "positive this topic had previously been reviewed with all staff." PD C stated s/he would follow up with the program manager to ensure compliance moving forward.	{M 482}		