| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0010825 | A. BUILDING: _____ B. WING _____ | 05/22/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| AURORA RESIDENTIAL ALTERNATIVES INC 03 | 973 & 975 JOHNSON DRIVE NEW RICHMOND, 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<br><br>On 05/19/2026, Surveyor began an abbreviated licensure survey at Aurora Residential Alternatives Inc 037. Data was collected through 05/22/2026.<br><br>One violation was identified.<br><br>Census: 4 | M 000 | | |
| Z 019 | 50.065(6)(am) Four Year Caregiver Background Requirement<br><br>Every 4 years an entity shall require its caregivers and nonclient residents to complete a background information form that is provided to the entity by the Department.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure complete background information forms were obtained for all caregivers every 4 years. The provider did not have background information disclosure (BID) forms completed for 2 of 3 employees sampled every four years.<br><br>Findings include:<br><br>On 05/19/2026, Surveyor reviewed a staff roster for the home. The staff roster indicated Program | Z 019 | | |

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

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| Z 019 | Continued From page 1<br><br>Manager (PM) A's hire date was 03/28/2011. The roster indicated Caregiver B's hire date was 07/08/2015.<br><br>At approximately 2:44 PM, Surveyor requested complete background records for PM A and Caregiver B, to include BID forms from their respective hire dates as well as the most recent BID forms. Surveyor was initially sent only the BID forms from when PM A and Caregiver B were hired.<br><br>On 05/22/2026, at approximately 8:25 AM, Surveyor received email communication from Administrative Specialist (AS) C which had a BID form for PM A attached, dated 03/28/2011. The email read, in part, "...if you look at the last sentence under [PM A's] signature you will see "I acknowledge Aurora Community Services will utilize this information to obtain original background Information every two years"<br><br>[Third-party company] did not require one in 2023 for [Caregiver B]. We have requested new background checks for [Caregiver B] and [PM A]..."<br><br>On 05/22/2026 at approximately 10:04 AM, Surveyor interviewed Administrator D. Administrator D stated s/he did not know what the state caregiver background check requirements were, as background checks were all handled by the provider's human resource (HR) department. Administrator D stated HR staff only shared results of caregiver background checks with Administrator D when a prospective employee did not meet employment requirements. Administrator D stated s/he did not know how often BID forms were completed by caregivers. | Z 019 | | |

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| Z 019 | Continued From page 2<br>The provider did not ensure that caregiver BID forms were completed every 4 years. | Z 019 | | |