STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016380	A. BUILDING: _____ B. WING _____	09/18/2026

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ALOHA COMMUNITY PLATTEVILLE	7692 BUNKER RIDGE RD PLATTEVILLE, WI 53818

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M 000	INITIAL COMMENTS On 09/14/2026, with information gathered through 09/18/2026, Surveyor conducted a standard licensure survey at Aloha Community Platteville. Four deficiencies were identified. One of 4 deficiencies was a repeat violation. See Statement of Deficiency (SOD) M3U011. Census: 4	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke,	M 114		

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

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M 114	Continued From page 1 refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 2 of 2 personnel files reviewed included a complete background check as required. The Background Information Disclosure (BID) form, a report from the Department of Justice (DOJ) criminal record and the Integrated Background Information System Letter (IBIS) were not completed every four years for Manager C and Assistant Manager D. Findings include: On 09/14/2026, approximately 10:15 AM, Surveyor arrived at the home and observed Manager C and Assistant Manager D providing assistance to the residents. On 09/14/2026, at approximately 11:00 AM, Surveyor, Manager C and Assistant Manager D reviewed their personnel files. Manager C was hired on 05/01/2018 and their background documentation included: BID form, signed and dated 05/01/2018 DOJ report, dated 05/08/2018	M 114		

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M 114	Continued From page 2 IBIS letter was dated 05/08/2018 Assistant Manager D was hired on 07/12/2021 and their background documentation included: BID form, signed and dated 06/30/2021 DOJ report, dated 06/30/2021 IBIS letter was dated 06/30/2021 Manager C commented that s/he was not aware that background checks were to be completed every 4 years. Manager C stated s/he would update staff records accordingly.	M 114		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure the gas furnace was inspected and serviced every 3 years by a heating contractor or local utility company. Findings include: On 09/14/2026, at approximately 11:30 AM, Surveyor requested the most recent gas furnace inspection from Manager C. Manager C stated s/he was unable to locate that documentation. On 09/15/2026 at 8:49 AM, Surveyor emailed Licensee A, Licensee Representative G, and Manager C requesting a copy of the most recent gas furnace inspection. As of 09/18/2026 at 2:00 PM, no additional	M 290		

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M 290	Continued From page 3 documentation had been provided.	M 290		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 1, Resident 2) reviewed were evaluated annually for evacuation time, using the Department form F-62373 Resident Evacuation Assessment. Findings include: On 09/14/2026, Surveyor reviewed Resident 1's and Resident 2's record. Resident 1 moved into the home in 03/01/2019. Resident 1's evacuation assessment was completed prior to 2025. Resident 2 moved into the home in 05/05/2018. Resident 2's current evacuation assessment was completed prior to 2025. On 09/14/2026, at approximately 11:15 AM, Surveyor interviewed Manager C. Manager C stated s/he did not realize emergency evacuation assessments were to be completed annually and	M 346		

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M 346	Continued From page 4 would review the resident records for accuracy.	M 346		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 2 of 2 residents Individual Service Plans (ISP) were reviewed at least every 6 months and updated when there was a change in condition. This is a repeat deficiency. See Statement of Deficiency (SOD) M3U011, dated 06/19/2024. Resident 1's ISP was not reviewed every 6 months and did not identify that due to his/her	M 424		

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behavior, the pantry had to be locked to all residents.

Resident 2's ISP was not reviewed every 6 months nor signed by Legal Guardian E and Legal Guardian F.

Findings include:

Example 1: Resident 1

On 09/14/2026, at approximately 10:40 AM, Surveyor and Manager C toured the home and observed that the pantry door was locked. Manager C stated that due to Resident 1's obsessive behaviors with food, the pantry door remained locked, and residents had to ask staff for the key if they wanted to retrieve food from it.

On 09/14/2026, Surveyor and Manager C reviewed Resident 1's record.

Resident 1 moved into the home, 03/01/2019, with diagnosis including Fetal Alcohol Spectrum Disorder (FASD).

Resident 1's record contained ISP's labeled "Care Plan 2025" and "Care Plan 2026". The 2026 Care Plan/ISP documented:
"It has also been observed that [Resident 1] tends to hoard food, particularly items containing sugar, in [his/her] bedroom. To address this, staff will conduct regular and respectful checks of [Resident 1's] room to monitor any stashed or stolen food. ... Staff will also engage [Resident 1] in open conversations about the reasons for limiting food hoarding and provide education on healthy eating patterns, reinforcing the communal approach to meals and snacks in the household."
"Intervention: While [Resident 1] is encouraged

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to participate in meal preparation and learn about healthy food choices, all grocery shopping and final menu decisions are overseen by staff. This ensures that shopping lists prioritize nutritious ingredients, accommodate any dietary needs, and prevent the purchase of excess or non-essential items." "To extend support around nutrition, staff routinely provide [Resident 1] with a variety of healthy snack options throughout the day. These snacks are selected to promote balanced eating habits and satisfy hunger between meals."

The ISP did not define that Resident 1's snacks, along with the other residents snacks, were locked up and could not be accessed independently.

On 09/14/2026, at approximately 11:20 AM, Surveyor interviewed Manager C. Manager C stated s/he thought care plans were to be reviewed annually. Manager C stated s/he would update his/her process. Manager C stated s/he would review all residents ISPs to ensure language was added regarding the rationale for restrictive measures regarding food.

Example 2: Resident 2

On 09/14/2026, Surveyor and Manager C reviewed Resident 2's record.

Resident 2 moved into the home, 05/05/2018, with diagnosis including FASD. Resident 2 was represented by Legal Guardian E and Legal Guardian F.

Resident 2's record contained ISPs labeled "Care Plan 2025" and "Care Plan 2026". The Care Plans/ISPs were not signed by Legal Guardian E

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or Legal Guardian F. House Manager B and Manager C had signed the ISP but their signatures were not dated.

On 09/14/2026, at approximately 11:50 AM, Surveyor interviewed Manager C. Manager C explained that Legal Guardian E and Legal Guardian F had signed documentation stating that House Manager B was allowed to sign Resident 2's documentation as a representative for them.

Resident 2's record contained a form labeled "Limited Power of Attorney for Emergency Medical Care Authorization," dated 02/04/2021," signed by Legal Guardian E and Legal Guardian F, which documented:
"This is to certify that [House Manager B], [Licensee Representative G] and [Representative H] have the permission of the undersigned to authorize necessary emergency medical care by the attending physician or others [s/he] may choose in case of accidental injury, ingestion, or illness."

This form did not outline that any staff member was to be the represenative regarding the reviewer and authorizer of documentation.

On 09/14/2026, at approximately 12:00 PM, Surveyor asked Manager C if there was documentation showing that Legal Guardian E and Legal Guardian F had been provided with Resident 2's ISP for review and signature. Manager C stated s/he would forward the emails that had been sent requesting review. Manager C confirmed again that s/he understood that ISPs were to be updated every 6 months.

As of 09/18/2026 at 2:00 PM, Surveyor did not

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M 424	Continued From page 8 receive any additional documentation.	M 424		