STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015189	A. BUILDING: _____ B. WING _____	C 07/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE AFH	**622 WEST VETERANS STREET TOMAH, WI 54660**

(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 07/02/2026, Surveyor conducted a complaint investigation and licensure survey at Cornerstone AFH. Data collection continued through 07/14/2026. The complaint was unsubstantiated. Two deficiencies were identified. Census: 4	M 000		
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, observation, and interview, the provider did not ensure each resident's Individual Service Plan (ISP) contained a description of services the licensee would provide for 1 of 1 resident reviewed. Resident 1's ISP did not identify how many staff were required to transfer Resident 1 using a Hoyer lift and did not identify the use of straps and a seat belt while in his/her wheelchair. Findings include: The provider is licensed to care for 4 residents in the client group of emotionally disturbed/mental illness.	M 410		

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

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M 410	Continued From page 1 On 07/02/2026 at approximately 8:45 AM, Surveyor interviewed Caregiver A about current residents. Caregiver A stated Resident 1 required 2 staff assistance with transfers using a Hoyer lift and staff never transferred him/her alone. Caregiver A stated s/he was the only employee working in the facility and would need to have a second staff float to help with Resident 1's transfers. Caregiver A indicated there were employees who called-in today and it had been an hour delay for Resident 1 to be transferred out of bed into his/her wheelchair due to waiting for a second staff to come assist. On 07/02/2026 at 8:53 AM, Assistant Administrator (AA) B arrived at the facility. On 07/02/2026 at 9:30 AM, Surveyor observed AA B go over to the other facility in the duplex connected by a breezeway, while Caregiver D came over to assist Caregiver A with Resident 1's morning cares and transfer. Surveyor observed Caregiver A and Caregiver D transfer Resident 1 with a Hoyer lift into his/her motorized wheelchair. Once Caregiver A and Caregiver D got Resident 1 in the motorized wheelchair, Caregiver D applied a strap over Resident 1's chest, a seat belt, a foot strap, and Velcro ankle strap. On 07/02/2026 at 10:32 AM, Surveyor interviewed Caregiver D. Caregiver D stated Resident 1 required 2 staff assistance with Hoyer lift transfers and a float staff was used between multiple facilities. Caregiver D stated Resident 1 would transfer into his/her wheelchair in the morning and transfer back to bed in the evening. Caregiver D stated Resident 1 never has requested to transfer back to bed in the middle of the day, but a float was needed when s/he had to use the bathroom. Caregiver D stated Resident	M 410		

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M 410	Continued From page 2	M 410		

1's seat belt and chest strap were for positioning and his/her safety. Caregiver D stated Resident 1 had leg spasms and the foot strap was for positioning. Caregiver D further explained that one of the foot straps was broken, so Resident 1 had requested staff to use a Velcro strap around his/her ankles.

On 07/02/2026 at 11:47 AM, Surveyor interviewed Resident 1. Resident 1 stated s/he felt there should be 2 staff to always assist him/her in the facility.

On 07/02/2026 at approximately 12:30 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 04/28/2026 and was his/her own decision maker. Resident 1 had diagnoses that included Friedreich ataxia and neuromuscular scoliosis.

Resident 1's last updated ISP with unknown date indicated Resident 1 required full assistance with toileting and staff would utilize the Hoyer lift to transfer him/her to the toilet. The ISP indicated Resident 1 required full assistance with transfers from his/her bed to his/her wheelchair. The ISP did not indicate how many staff were required to safely transfer Resident 1. The ISP indicated Resident was unable to ambulate and required total assistance with positioning needs. The ISP indicated Resident 1 had some movement in his/her arms but was unable to feed him/herself. The ISP did not address Resident 1's straps or seat belt while in his/her wheelchair.

A Resident Evacuation Assessment dated 04/28/2026, indicated 1 staff could safely use the Hoyer lift to transfer Resident 1 in an emergency.

The provider's Hoyer Lift Safe Use Policy read in

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M 410	Continued From page 3 part, "A trained employee may complete a Hoyer lift transfer independently when doing so is consistent with the resident's assessment, ISP, manufacturer recommendations, and company training." On 07/14/2026 at 2:30 PM, Surveyor interviewed Licensee E. Licensee E stated Resident 1 was assessed that 1 staff could safely transfer him/her with the Hoyer lift. Licensee E stated Resident 1's straps and seat belt were for positional and safety purposes, so s/he did not fall out of his/her wheelchair. Licensee E indicated s/he understood Resident 1's ISP should be updated with this information. Resident 1's ISP did not indicate 1 staff could safely transfer Resident 1 using a Hoyer lift and did not address Resident 1's straps and seat belt for positional and safety purposes while in his/her wheelchair. Cross Reference M0574 DHS 88.10(3)(n)1 Freedom From Seclusion And Restraints	M 410		
M 574	88.10(3)(n)1 Freedom From Seclusion and Restraints Except as provided in subd. 2, to be free from seclusion and from all physical and chemical restraints, including the use of an as-necessary (PRN) order for controlling acute, episodic behavior. This Rule is not met as evidenced by:	M 574		

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M 574	Continued From page 4 Based on observation, interview, and record review the provider did not ensure that Resident 1 was free from restraints. Findings include: On 07/02/2026 at 9:30 AM, Surveyor observed Caregiver A and Caregiver D transfer Resident 1 with a Hoyer lift into his/her motorized wheelchair. Surveyor observed Caregiver A place leg braces to both legs. Once Caregiver A and Caregiver D got Resident 1 in the motorized wheelchair, Caregiver D applied a strap over Resident 1's chest, a seat belt, a foot strap, and Velcro ankle strap. Surveyor observed Resident 1 repositioning in the wheelchair, and s/he was able to pull the ankle strap apart. On 07/02/2026 at 10:32 AM, Surveyor interviewed Caregiver D. Caregiver D stated Resident 1's seat belt and chest strap were for positioning and his/her safety. Caregiver D stated Resident 1 had leg spasms and the foot strap was for positioning. Caregiver D further explained that one of the foot straps was broken, so Resident 1 had requested staff to use a Velcro strap around his/her ankles. Caregiver D stated s/he did not know when the foot strap on Resident 1's wheelchair would be fixed. On 07/02/2026 at approximately 12:30 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 04/28/2026 and was his/her own decision maker. Resident 1 had diagnoses that included Friedreich ataxia and neuromuscular scoliosis. Resident 1's last updated Individual Service Plan (ISP) with unknown date indicated Resident 1 was unable to ambulate and required total assistance with positioning needs. The ISP indicated Resident 1	M 574		

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M 574	Continued From page 5 had some movement in his/her arms but was unable to feed him/herself. The ISP did not address Resident 1's straps or seat belt while in his/her wheelchair. On 07/14/2026 at 2:30 PM, Surveyor interviewed Licensee E. Licensee E stated Resident 1 was unable to remove any of the straps or seat belt by him/herself. Licensee E confirmed s/he had not sent the Department a waiver for Resident 1's straps and seat belt. The provider did not ensure Resident 1 was free from restraints when s/he had a seatbelt, chest straps, foot strap, and ankle strap while in his/her wheelchair.	M 574		