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
	110002	A. BUILDING: _____ B. WING _____	R-C 06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC HOUSE	202 N PATERSON ST MADISON, WI 53703

(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
{N 000}	Initial Comments On 06/25/2025, Surveyor conducted a verification visit at ARC House. One deficiency was identified. One deficiency was a repeat violation. See Statement of Deficiency (SOD) 220N11 and SOD 220N12. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 14	{N 000}		
{N 239}	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties.	{N 239}		

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

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{N 239}	Continued From page 1	{N 239}		

This Rule is not met as evidenced by:
Based on interview and record review, the provider did not ensure 3 of 3 staff reviewed obtained all department approved training as required.

This is a repeat deficiency. See Statement of Deficiency (SOD) 220N11, dated 08/15/2024, and SOD 220N12, dated 01/31/2025.

Counselor G's, Residential Monitor H's, and Relief Staff I's record did not contain evidence of training in medication administration prior to monitoring medication administration.

Findings include:

On 06/25/2025, at approximately 10:20 AM, Surveyor interviewed Program Manager A and Chief Operating Officer F. Surveyor asked if staff who were monitoring med administration had received the Community-Based Care and Treatment training. Chief Operating Officer F stated s/he had been trained to be a trainer but had not been able to coordinate with staff schedules for them to receive the training. Chief Operating Officer F stated that the provider was reviewing their options to apply for a waiver regarding this requirement.

On 06/25/2025, Surveyor reviewed Residential Monitor G's, Residential Monitor H's, and Relief Staff I's record.

Residential Monitor G was hired on 06/12/2025. Residential Monitor G's record did not include

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{N 239}	Continued From page 2 department approved training or evidence of meeting an exemption in medication administration. On 06/25/2025, Surveyor reviewed the Community-Based Care and Treatment training registry and Residential Monitor G was not listed for medication administration. Residential Monitor H was hired on 05/29/2025. Residential Monitor H's record did not include department approved training or evidence of meeting an exemption in medication administration. On 06/25/2025, Surveyor reviewed the Community-Based Care and Treatment training registry and Residential Monitor H was not listed for medication administration. Relief Staff I was hired on 05/05/2025. Relief Staff I's record did not include department approved training or evidence of meeting an exemption in medication administration. On 06/25/2025, Surveyor reviewed the Community-Based Care and Treatment training registry and Relief Staff I was not listed for medication administration. On 06/25/2025, Surveyor reviewed Resident 6's and Resident 7's "Medication Schedule" for June 2025, which documented that Counselor G, Residential Monitor H, and Relief Staff I had documented that Resident 6 and Resident 7 had received their medications. On 06/25/2025, at approximately 10:30 AM, Surveyor interviewed Program Manager A. Program Manager A stated the staff had not received the required medication administration training and did not have evidence of meeting an exemption in medication administration.	{N 239}		

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