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
	110328	A. BUILDING: _____ B. WING _____	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC DAYTON ST	2009 E DAYTON ST MADISON, WI 53704

(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 02/25/2025, Surveyors conducted a standard survey at ARC Dayton St, a CBRF in Madison. Four deficiencies were identified. One deficiency was repeat deficiency. See Statement of Deficiency (SOD) U38O11, dated 05/06/2022. Census: 9	N 000		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure caregiver background checks for 2 of 3 caregivers were conducted at time of hire or every four years. The facility could not provide time of hire background checks for Caregiver B or four-year background checks for Caregiver E following the procedures in S.50.065, Stats., and ch. DHS 12.	N 219		

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

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N 219	Continued From page 1 Findings include: On 02/24/2025 at approximately 2:00 p.m., Surveyors requested Caregiver E's employee records to include background checks from Case Manager C. According to The Wisconsin Caregiver Program Manual (P-00038), a complete Caregiver Background Check, at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A Governmental Findings Report from DHS that reports the person's status, including administrative finding or licensing restrictions (IBIS). On 02/24/2025 at approximately 3:30 p.m., surveyors reviewed and documented the following: -Caregiver B was hired on 07/22/2024. Caregiver B's record included a BID, dated 07/12/2024, DOJ, dated 02/24/2025, and IBIS, dated 02/24/2025, greater than 1 month after his/her hire date. -Caregiver E was hired on 12/19/2019. Caregiver E's record included a BID, dated 12/17/2019, DOJ, dated 12/17/2019, and IBIS, dated 12/17/2019. Surveyor noted the four-year background check was due in 12/2023. Caregiver E 's record did not include an updated BID, DOJ, or IBIS. On 02/24/2025 at approximately 3:45 p.m., Surveyors interviewed Director D. Surveyors stated they were unable to locate four-year	N 219		

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N 219	Continued From page 2 background documentation for Caregiver E. Surveyors requested updated background check for 2023 be sent over by 5:00 p.m. on 02/25/2025. On 02/25/2025 at 4:16 p.m., Director D stated the updated background check for Caregiver E was not located. There was no DOJ or IBIS submitted for Caregiver B upon hire date 07/22/2024.	N 219		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 caregivers reviewed, were screened for clinically apparent communicable disease, including tuberculosis, within 90 days before the start of employment or had documented results. Caregiver A did not have a documented negative result of his/her communicable disease. Caregiver B had not been screened for communicable disease.	N 220		

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N 220	Continued From page 3 Findings include: On 02/24/2025, Surveyor conducted a review of 3 employees to verify compliance with all employee training requirements. Surveyor requested records of Caregiver A and Caregiver B from Case Manager C. -Caregiver A was hired on 12/26/2024. The provider did not have documentation indicating Caregiver A had a negative communicable disease screen within 90 days before 12/26/2024. Records included a tuberculosis test, dated 12/03/2024, that did not include the test results for the communicable disease, including tuberculosis. -Caregiver B was hired on 07/22/2024. The provider did not have documentation indicating Caregiver B had a communicable disease screen within 90days before 07/22/2024. On 02/24/2025 at approximately 3:45 p.m., Surveyor interviewed Director D. Surveyor requested that the tuberculosis tests were sent over by 02/25/2025 at 5:00 p.m. On 02/25/2025 at 4:16 p.m., Director D provided documentation that Caregiver A had a communicable screen, including tuberculosis dated 12/03/2024. The documentation indicated a blank test result. No communicable screen record was provided for Caregiver B.	N 220		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may	N 239		

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N 239	Continued From page 4 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees reviewed obtained all department approved training as required. Caregiver A and Caregiver B, who had responsibilities for medication administration, did not have training in medication administration and management prior to assuming these duties. Findings include: On 02/24/2025, Surveyors conducted a review of	N 239		

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N 239	Continued From page 5 2 employees to verify compliance with department approved training requirements. Surveyor requested training records from Case Manager C for Caregiver A and Caregiver B. Medications The record for Caregiver A, hired 12/26/2024, did not contain evidence of training or evidence of meeting an exemption for medications. On 02/24/2025, at approximately 3:45 p.m., Surveyors interviewed Case Manager C and Director D. Director D confirmed the provider did not have evidence that Caregiver A completed or met an exemption for medications. Director D stated that s/he "had never enrolled the staff in the medication training." Director D acknowledged that Caregvier A kept the medication keys and provided provided the patients access to their medications. On 02/24/2024, Surveyors verified Caregiver A was not on the Community-Based Care and Treatment training registry for medications. The record for Caregiver B, hired 07/22/2024, did not contain evidence of training or evidence of meeting an exemption for medications. On 02/24/2024, at approximately 3:45 p.m., Surveyors interviewed Case Manager C and Director D. Director D confirmed the provider did not have evidence that Caregiver B completed or met an exemption for medications. Director D stated that s/he "had never enrolled the staff in the medication training." Director D acknowledged that Caregvier B kept the medication keys and provided the patients access to their medications. On 02/24/2025, Surveyor verified Caregiver B	N 239		

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N 239	Continued From page 6 was not on the Community-Based Care and Treatment training registry for medications.	N 239		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure resident care staff received at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment, which included, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. On 02/24/2025, Surveyor reviewed 1 staff training record. One of 1 record reviewed did not have at least 15 hours of continuing education for the calendar year 2023 and calendar year 2024.	N 277		

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N 277	Continued From page 7 This is a repeat deficiency, see statement of deficiency (SOD) U38O11, dated 05/06/2022. FINDINGS INCLUDE: On 02/24/2025, Surveyor arrived at facility for a standard survey. On 02/24/2025 at 2:00 p.m., Surveyor received the staff roster from Case Manager C. Surveyor reviewed Caregiver E's record for continuing education for calendar year 2023 and calendar year 2024. On 02/24/2025, Surveyor reviewed Caregiver E's staff record. Caregiver E was hired on 12/19/2019. On 02/24/2025, Surveyor reviewed Caregiver E's continuing education training for the calendar year of 2023 and calendar year 2024. Caregiver E had no hours of continuing education training documented for 2023. Caregiver E had 7 hours of continuing education training documented for 2024 On 02/24/2025 at approximately 4:00 p.m., Surveyor discussed the above concern with Director D. Surveyor requested continuing education training for 2023 and 2024 be sent over by 5:00 p.m. on 02/25/2025. On 02/25/2025 at 4:16 p.m., Director D stated 2023 continuing education training documentation for Caregiver E could not be located. Director D said "[Caregiver E] was out on unexpected medical leave and did not have the additional 8 hours of training."	N 277		