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 _____	R 08/26/2025

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 08/26/2025, Surveyor conducted a verification visit at Arc Dayton St. One (1) deficiency was identified; this is a repeat deficiency from the previous statement of deficiency (SOD) 5D1M11, dated 02/25/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 9	{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 record review and interview, the provider did not ensure 3 of 3 employees reviewed obtained all department approved training as required.

Caregiver A, Case Manager C, and Caregiver F, who had responsibilities of managing or assisting residents with medication administration, did not have training in medication administration and management prior to assuming these duties.

This is a repeat deficiency from the previous statement of deficiency (SOD) 5D1M11, dated 02/25/2025.

Findings include:

On 08/26/2025, Surveyor conducted a review of 3 employees to verify compliance with department approved training requirements. Surveyor requested training records from Case Manager C for Caregiver A, Case Manager C and Caregiver F.

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 08/26/2025, at approximately 8:45 a.m., Surveyor interviewed Case Manager C. Case Manager C confirmed the provider did not have evidence that Caregiver A completed or met an exemption for medications.

On 08/26/2025, Surveyor verified Caregiver A

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{N 239}	Continued From page 2 was not on the Community-Based Care and Treatment training registry for medications. The record for Case Manager C, hired 07/31/2017, did not contain evidence of training or evidence of meeting an exemption for medications. On 08/26/2025, at approximately 8:45 a.m., Surveyor interviewed Case Manager C. Case Manager C confirmed s/he has not completed department approved medications training. Case Manager C stated that the provider had bought lock boxes for residents to store their medications in as well as written a new medication policy, however, it is not in place yet. On 08/26/2025, Surveyor verified Case Manager C was not on the Community-Based Care and Treatment training registry for medications. The record for Caregiver F, hired 01/03/2024, did not contain evidence of training or evidence of meeting an exemption for medications. On 08/26/2025, at approximately 8:45 a.m., Surveyors interviewed Case Manager C. Case Manager C confirmed the provider did not have evidence that Caregiver F completed or met an exemption for medications. On 08/26/2025, Surveyor verified Caregiver F was not on the Community-Based Care and Treatment training registry for medications. On 08/26/2025, at approximately 2:30 p.m., Surveyor reviewed the above concerns with Chief Op Officer G. Chief Op Officer G acknowledged that a new medication policy and storage system was not in place yet but stated that s/he doesn't know why the provider has to do medication training now and that s/he believes that the provider would still meet an exemption. Chief Op	{N 239}		

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{N 239}	Continued From page 3 Officer G stated that the department approved medications training is extensive and not conducive with the schedules of part time staff.	{N 239}		