STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110391	A. BUILDING: _____ B. WING _____	09/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC MATERNAL & INFANT PROGRAM	4202 MONONA DR MADISON, WI 53716

(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 From 09/21/2023 to 09/22/2023, Surveyor conducted a standard survey at ARC Maternal and Infant Program, a CBRF in Madison. Three deficiencies were identified. One deficiency is a repeat deficiency - See Statement of Deficiency (SOD) 55I411, dated 07/26/2021. Census: 9	N 000		
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 1 of 1 caregivers reviewed that required continuing education had at least 15 hours of continuing education annually. Caregiver B did not receive 15 hours of continuing education in 2021 or 2022. This is a repeat deficiency. See Statement of Deficiency (SOD) 55I411, dated 07/26/2021.	N 277		

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

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N 277	Continued From page 1 Findings include: On 09/21/2023 at approximately 11:00 a.m., Surveyor reviewed Caregiver B's record. Caregiver B was hired on 08/24/2020. Caregiver B's record included the following: - 2021: 0 hours of continuing education. - 2022: 10.75 hours of continuing education, which covered topics of medications, client groups and resident rights. On 09/21/2023 at approximately 11:30 a.m., Surveyor reviewed concern with Program Manager A that Caregiver B did not receive 15 hours of continuing education in 2021 or 2022. Program Manager A stated s/he knew Caregiver B "fell short on hours." Program Manager A stated Caregiver B worked on an as-needed basis and often didn't attend trainings.	N 277		
N 635	83.59(1)(e) No exit through resident room, bathroom All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. No exit passageway may be through areas such as a resident room, bath or toilet room, closet or furnace rooms. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all exit passageways were not through a resident room. One of 3 emergency exit passeways passed through a resident's room.	N 635		

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N 635	Continued From page 2 Findings include: On 09/21/2023 at approximately 11:45 a.m., Surveyor toured the provider's facility with Program Manager A. Surveyor observed an emergency exit sign above a resident room door. Program Manager A then unlocked the bedroom door, which led to an emergency exit. Surveyor shared concern that the emergency exit required an individual to pass through a resident's room to exit. Program Manager A stated s/he was unaware that emergency exits could not pass through resident rooms.	N 635		
N 640	83.59(2)(b) Solid core wood doors or equivalent A solid core wood door or an equivalent fire resistive door shall be provided at any interior stair between the basement and the first floor. The door shall have a positive latch and an automatic closing device and normally shall be kept closed. Enclosed furnace and laundry areas with self-closing doors in a split level home may substitute for the self-closing door between the first and second levels. Enclosed furnace and laundry areas shall have self-closing solid core wood doors or an equivalent fire resistive door when located on a common level with resident bedrooms. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the laundry room, which was located on the same level of resident bedrooms, had self-closing solid core wood doors or an equivalent fire resistive door. Findings include:	N 640		

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N 640	Continued From page 3 On 09/21/2023 at approximately 11:45 a.m., Surveyor toured the provider's facility with Program Manager A. Surveyor observed the laundry room, which was located on the same floor as resident bedrooms, had 2 doors to enter the room, both of which were not self-closing or fire resistant. Surveyor shared concern regarding lack of self-closing or fire-resistant doors to Program Manager A. Program Manager A stated s/he was unaware of the need to have laundry room doors be self-closing or fire resistant.	N 640		