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
	0014141	A. BUILDING: _____ B. WING _____	04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPERS CARE ADULT FAMILY HOME LLC	233 E LAKEVIEW DR LA FARGE, WI 54639

(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 04/11/2024, Surveyor conducted a standard licensure survey at Coppers Care Adult Family Home LLC. Information for this survey was received and reviewed through 04/16/2024. Two deficiencies identified. Census: 4	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 employees reviewed was screened for illness, including tuberculosis (TB), within 90 days before the start of providing service. Findings include: On 04/11/2024 at 10:00 AM, Surveyor reviewed Caregiver B's record.	M 232		

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

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M 232	Continued From page 1 Caregiver B had a hire date of 06/28/2023. The record showed Caregiver B was not screened for illness, including TB, before the start of providing service on 06/28/2023. Caregiver B was not tested until approximately 60 days after starting employment and working with residents. On 04/16/2024, Licensee A stated via email, "Our Human Resource Manager was ill during the time Caregiver B was hired. I thought s/he took care of this. Caregiver B was sent to the county nurse after I noticed it was not done."	M 232		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the individual service plan (ISP) for Resident 1 was developed by the licensee, placing agency and resident's legal guardian. Findings include:	M 406		

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M 406	Continued From page 2 On 04/11/2024 at approximately 11:00 PM, Surveyor reviewed the facility record and the ISP for Resident 1. This was provided to the Surveyor by Licensee A. Resident 1 was admitted to the facility on 02/23/2009. Resident 1 is diagnosed with Attention Deficit Disorder and Autistic Disorder. Surveyor asked Licensee A if this was the ISP for Resident 1. Licensee A stated it was the ISP for Resident 1. The ISP was actually the member centered plan (MCP) authored by the managed care organization (MCO). During interview and record review, Surveyor stated the ISP is to be developed by the provider and though the provider participated in the development of the MCP, it was not authored by the provider. Licensee A stated the process works well to work collaboratively with the MCO and if s/he did the ISP for Resident 1 s/he would use the same information provided in the MCP. Surveyor asked if there was a provider developed ISP for Resident 1. Licensee A stated she could develop one by copying the MCP and putting that information on a facility form.	M 406		