STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014456	A. BUILDING: _____ B. WING _____	C 04/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADULT DAY SERVICES OF WISCONSIN LLC	206 E LINCOLN AVE MILWAUKEE, WI 53207

(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
E 000	INITIAL COMMENTS An unannounced onsite Complaint survey was conducted on 4/4/2023 at Adult Day Services of Wisconsin in response to Complaint WI00048107. Adult Day Services of Wisconsin was found to be out of compliance with Wisconsin Administrative Code DHS 105.14 for Adult Day Care Centers. Complaint WI00048107 was found to be partially substantiated with citations issued. A total of six open participant files and one staff member personnel file were reviewed during this survey. Census: 9	E 000		
E 172	105.14(4)(b)2.a-c. TASK SPECIFIC TRAINING The ADCC shall provide, obtain, or otherwise ensure each caregiver receives and successfully completes specific task training prior to assuming these job duties, including all of the following: a. Personal care training for all caregivers who provide assistance with activities of daily living. Training shall be appropriate to the care and services provided. Specific training topics may include toileting and incontinence care, mobility and transferring, eating, bathing, and dressing. b. Standard precaution training for all caregivers who may be 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. c. Medication administration and management training for all caregivers who manage, administer, or assist participants with prescribed or over-the-counter medications.	E 172		

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

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E 172	Continued From page 1 This Rule is not met as evidenced by: Based on interview the facility failed to provide a new employee orientation on the needs, diagnosis and goals of care for participants under her care in 1 of 1 employees reviewed. Findings include: On 4/4/2023 at 12:00 PM in an interview with Staff Member B, Staff B stated that he/she had begun employment with the facility on the day prior to survey (4/3/2023). The day of survey (4/4/2023) Staff B was supervising 9 participants. When asked about orientation to the participants he/she stated, "I haven't seen their folders but I just know what they need, they (the participants) usually just tell me. It comes naturally to me." On 4/4/2023 at 3:00 PM in an interview with Administrator A when asked about orientation stated that she reviews the required information about evacuation, fire extinguishers, infection control, Member Rights and Grievance procedure, "It's all in the Staff Handbook that they get on hire." When asked if she orients to each specific participant Administrator A said, "Not right away."	E 172		
E 179	105.14(5)(b)2.a-e. ENROLLMENT: OBTAIN, DOCUMENT INFORMATION Upon acceptance into the program, the ADCC shall obtain and document all of the following information: a. The participant's full name, address, telephone number, date of birth and	E 179		

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E 179	Continued From page 2 living arrangement. b. The name, address and telephone number of the participant's designated contact person, and legal representative, if any. c. The name, address and telephone number of the participant's primary physician. d. Name and address of the referring or coordinating agency and case manager, if applicable. e. Any of the participant's advance directives, such as a power of attorney for health care, or a do-not-resuscitate order. This Rule is not met as evidenced by: Based on interview and record review the facility failed to document or ask if participants had Advance Directives or do not resuscitate orders on 6 of 6 (Participants # 1, 2, 3, 4, 5, 6) participant folders reviewed, and failed to include information about the name of the primary physician, address and phone number in 2 of 6 (Participants #4, 5) Participant folders reviewed. Findings: Review of Participant #1's folder did not find any query or documentation regarding the existence of Advance Directives or do not resuscitate orders. Review of Participant #2's folder did not find any query or documentation regarding the existence of Advance Directives or do not resuscitate orders. Review of Participant #3's folder did not find any query or documentation regarding the existence of Advance Directives or do not resuscitate orders.	E 179		

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E 179	Continued From page 3 Review of Participant #4's folder did not find any query or documentation regarding the existence of Advance Directives or do not resuscitate orders or information regarding name of primary physician, address and phone number. Review of Participant #5's folder did not find any query or documentation regarding the existence of Advance Directives or do not resuscitate orders or information regarding name of primary physician, address and phone number. Review of Participant #6's folder did not find any query or documentation regarding the existence of Advance Directives or do not resuscitate orders. On 4/4/2023 at 3:10 PM in an interview with Administrator A when asked about obtaining information on Participants Power of Attorney for new enrollees stated, "I didn't know I had to." When asked about incomplete information regarding participants primary physician Administrator A had no comment.	E 179		
E 180	105.14(5)(b)3. ENROLLMENT: SIGNED AGREEMENT SERVICES/COST An enrollment agreement shall be signed by the participant or legal representative, if applicable, that includes a written description of the services to be provided, the cost of those services, and a statement that the participant's rights have been received. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to provide participants	E 180		

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E 180	Continued From page 4	E 180		

with an enrollment agreement which included a statement of all the participant rights in 6 of 6 participant records reviewed (Participants # 1, 2, 3, 4, 5, 6) and the cost associated with the services provided in 2 of 6 (Participants # 1, 2) participant records reviewed.

Findings:

During a review of the facility's admission folder, it was observed that 4 of the required 12 Patient Rights per DHS 105.14 (6)(b) were missing from the Participant Rights document: (#2)The right to be free from sexual, mental abuse and neglect was incomplete, (#10) The right to be free from seclusion, (#11) The right to be free from all chemical restraints, and (#12) The right to not be recorded, filmed, or photographed without prior written informed consent by the participant or participant's legal representative. The ADCC may take a photograph for identification purposes. The department may photograph, record or film a participant pursuant to an inspection or investigation under s. 49.45 (2) (a) 11, Stat, without their written informed consent.

Review of Paticipant #1's admission folder revealed that the Participants Rights provided at enrollment did not include the complete rights for Patient Rights #2, 10, 11 and 12 and the Service Agreement upon enrollment did not include the cost for services. Enrollment date was 6/19/2017.

Review of Paticipant #2's admission folder revealed that the Participants Rights provided at enrollment did not include the complete rights for Patient Rights #2, 10, 11 and 12 and the Service Agreement upon enrollment did not include the cost for services. Enrollment date was 4/5/2016.

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E 180	Continued From page 5 Review of Paticipant #3's admission folder revealed that the Participants Rights provided at enrollment did not include the complete rights for Patient Rights #2, 10, 11 and 12. Enrollment date was 1/5/2022. Review of Paticipant #4's admission folder revealed that the Participants Rights provided at enrollment did not include the complete rights for Patient Rights #2, 10, 11 and 12. Enrollment date was 12/20/2022. Review of Paticipant #5's admission folder revealed that the Participants Rights provided at enrollment did not include the complete rights for Patient Rights #2, 10, 11 and 12. Enrollment date was7/19/2019. Review of Paticipant #6's admission folder revealed that the Participants Rights provided at enrollment did not include the complete rights for Patient Rights #2, 10, 11 and 12. Enrollment date was 5/30/2017. During a tour of the facility on 4/4/2023 at 9:30 AM, a document titled, "Participant Rights" was observed posted on a bulletin board in the front room. The following rights were missing from the Participant Rights document: (#2)The right to be free from sexual, mental abuse and neglect, (#10) The right to be free from seclusion, (#11) The right to be free from all chemical restraints, and (#12) The right to not be recorded, filmed, or photographed without prior written informed consent by the participant or participant's legal representative.... On 4/4/2023 at 9:45 AM in an interview with Administrator A when asked about the missing participant rights, stated, "I thought it was	E 180		

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E 180	Continued From page 6 complete, when did it change?" When asked about the cost of the services provided not being part of the enrollment agreement for Participants # 1 and 2, Administrator A stated that it looked like it got missed.	E 180		
E 181	105.14(5)(b)4. ENROLLMENT: COMMUNICABLE DISEASE SCREEN Within 90 days before or 7 days after enrollment, a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse shall screen each participant for clinically apparent communicable diseases, including tuberculosis, and document the results of the screening. All screenings and immunizations shall be conducted in accordance with current standards of practice. The ADCC shall maintain the screening documentation in each participant's record. This Rule is not met as evidenced by: Based on record review the facility failed to ensure a screening for communicable disease was obtained within 90 days before or 7 days after enrollment in 3 of 6 (Participants #2, 4, 5) participant records reviewed. Findings: Record review of Participant #2 did not have any screening for communicable disease upon their enrollment. Enrollment date was 4/5/2016. Record review of Participant #4 did not have any screening for communicable disease upon their enrollment. Enrollment date was 12/20/20. Record review of Participant #5 did not have any	E 181		

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E 181	Continued From page 7 screening for communicable disease upon their enrollment. Enrollment date was 7/19/2019. On 4/4/2023 at 3:15 PM when this missing information was shown to Administrator A he/she agreed the information was not present.	E 181		
E 200	105.14(7)(b)1. SERVICE PLAN: DEVELOPED WITHIN 30 DAYS Within 30 days of enrollment and based on the assessment completed under par. (a) of this subsection, the ADCC shall develop and implement a service plan to identify the services and activities the program will provide in order to meet the individual needs and personal interests of the participant. The service plan shall be developed by staff members with experience, or training pertinent to the participant population served by the program. This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete a thorough service plan within 30 days of enrollment that included participant specific activities and individual participant interests in 2 of 6 (Participants #3, 5) records reviewed. Findings: Review of Participant #3's folder revealed an enrollment date of 1/5/2022. There was no service plan in the folder. Review of Participant #5's folder revealed an enrollment date of 7/19/2019. There was no service plan in the folder.	E 200		

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E 200	Continued From page 8 On 4/4/2023 at 3:15 PM when this missing information was shown to Administrator A he/she had no comment.	E 200		
E 201	105.14(7)(b)2. SERVICE PLAN: REVIEW AT LEAST EVERY 6 MONTHS The service plan will be reviewed and revised every 6 months or when necessary due to changes in the participant's functioning, health condition, or preferences. Changes shall be documented in the participant's record. This Rule is not met as evidenced by: Based on record review and interview the facility failed to review and update/revise Participants service plans at least every 6 months in 6 of 6 (Participant #1, 2, 3, 4, 5, 6) Participant records reviewed. Findings: Record review of Participant #1's folder revealed an enrollment date of 6/19/2017 and one service plan review dated 10/7/2022. Record review of Participant #2's folder revealed an enrollment date of 4/5/2016 and one service plan review dated 1/9/2023. Record review of Participant #3's folder revealed an enrollment date of 1/5/2022 and one service plan review dated 9/2022. Record review of Participant #4's folder revealed an enrollment date of 7/19/2019 and no service plan reviews to date. Record review of Participant #5's folder revealed	E 201		

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E 201	Continued From page 9 an enrollment date of 7/19/2019 and no service plan reviews to date. Record review of Participant #6's folder revealed an enrollment date of 5/6/2017 and no service plan reviews to date. On 4/4/2023 at 3:15 PM in an interview with Administrator A when the missing service plan reviews were pointed out had no comment.	E 201		
E 216	105.14(7)(e)5. PROGRAM SERVICES: HEALTH MONITORING Based on the written description of the program, the ADCC shall provide or arrange for services to meet the needs of each participant in all of the following areas: 5. 'Health monitoring.' The ADCC shall monitor the health of a participant by observing and documenting changes in each participant's health and referring a participant to health care providers when necessary. At a minimum, a quarterly note shall document how a participant is responding to the service plan. The ADCC shall immediately notify the participant's legal representative and the participant's residential provider, if any, when there is a significant change in a participant's physical or mental condition. This Rule is not met as evidenced by: Based on record review the facility failed to provide, at a minimum, quarterly notes on how a participant is responding to their service plan in 6 of 6 (Participants #1, 2, 3, 4, 5, 6) Participant records reviewed. Findings:	E 216		

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E 216	Continued From page 10 Record review of Participant #1's folder revealed an enrollment date of 6/19/2017 and no quarterly notes documenting their response to their service plan. Record review of Participant #2's folder revealed an enrollment date of 4/5/2016 and no quarterly notes documenting their response to their service plan. Record review of Participant #3's folder revealed an enrollment date of 1/5/2022 and no quarterly notes documenting their response to their service plan. Record review of Participant #4's folder revealed an enrollment date of 7/19/2019 and no quarterly notes documenting their response to their service plan. Record review of Participant #5's folder revealed an enrollment date of 7/19/2019 and no quarterly notes documenting their response to their service plan. Record review of Participant #6's folder revealed an enrollment date of 5/6/2017 and no quarterly notes documenting their response to their service plan.	E 216		
E 240	105.14(8)(a)7. ENVIRONMENT: CLEAN, COMFORTABLE, GOOD REPAIR The premises shall be clean, comfortable, and in good repair. This Rule is not met as evidenced by: Based on observation and interview the facility	E 240		

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E 240	Continued From page 11 failed to provide and maintain a safe, clean environment. Findings: On 4/4/2023 at 9:45 PM during a tour of the facility the following was observed in the facility: - 3 ceiling tiles in the activity room were not seated correctly causing open areas to the ceiling and 1 celing tile was completely missing - Large area of sticky residue on one of the lunch tables - 2 broken/cracked window panes - 1 inch circular hole in the wall to the left of the bookcase - 3 ceiling air vents with layers of visible dust/dirt/grime - A large wall mounted heating vent with layers of visible dust/dirt/grime - The bowl of the drinking fountain was visibly dirty and the fountain was leaning to the left on the wall - could easily move it back and forth In the men's and women's bathrooms: - Penetrations in the walls of both women's stalls - 5 circular holes in each stall - Noted live ants on the floor in the women's bathroom - Multiple penetrations to the walls in the men's bathroom stalls - A 2 inch open drain in the floor of the men's bathroom - A missing window pane in the men's bathroom that had insulation stuffed into it In the kitchen: - No paper towels or hand towels located near the sink - Multiple pots/pans/dishes/plastic containers,	E 240		

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E 240	Continued From page 12 uncovered, stacked on top of the cabinets, refrigerator and the empty chest freezer In the utility room: - Boxes, loose papers, empty storage containers scattered throughout the small locked area - Cans of paint, cleaning supplies, plaster containers on the floor that blocked access to the fuse box On 4/4/2023 at 11:00 AM in an interview with Administrator A, Administrator A nodded in agreement with all of these findings when the wall penetrations, dirty vents, sticky residue on a lunch table and loose drinking fountain were pointed out. When asked about pest control Administrator A stated that they spray every 3 months on the weekends when participants aren't there. When the ants in the bathroom were pointed out Administrator A stated, "Well I guess it's that time of year."	E 240		
E 249	105.14(9)(b)1. SAFETY: WRITTEN REPORTS REQUIRED INSPECTIONS Each ADCC shall: 1. Maintain written reports of fire safety inspections as well as any other inspection reports required by local authorities. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to have an annual fire inspection performed in 2022. On 4/4/2023 at 11:00 AM in an interview with Administrator A, when asked for the most recent Fire Inspection report Administrator A produced a carbon copy of a report dated March 21. The	E 249		

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E 249	Continued From page 13 findings were not readable and stated, "I guess we didn't get one in '22."	E 249		
Z 001	Initial Comments An unannounced onsite Complaint survey was conducted on 4/4/2023 at Adult Day Services of Wisconsin in response to Complaint WI00048107. Adult Day Services of Wisconsin was found to be in compliance with Wisconsin Administrative Codes: DHS 12 and 13 regulations for Office of Caregiver Compliance. One personnel record was reviewed during this survey.	Z 001		