

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0016417</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/25/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LADYSMITH ADULT DAY SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>518 W LAKE AVE LADYSMITH, WI 54848</b>
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(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	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced onsite recertification survey was conducted at Ladysmith Adult Day Services an Adult Day Care Center in Ladysmith Wisconsin on 4/24/2024. Ladysmith Adult Day Services was found to be out of compliance with the Wisconsin Administrative Code 105.14.</p> <p>There were 3 deficiencies issued.</p> <p>Census on the day of survey was 13.</p>	E 000		
E 174	<p><b>105.14(4)(d)1-4. CONTINUING EDUCATION</b></p> <p>The program director and every caregiver shall receive at least 10 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. Participant rights. 3. Prevention and reporting of abuse, neglect and misappropriation. 4. Emergency and evacuation procedures.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to provide the required 10 hours of annual continuing education for staff in the required topics of Participant Rights, Preventing and Reporting forms of Abuse, and Emergency/Evacuation Procedures in 3 of 3 staff files reviewed in a total of 3 staff files reviewed.</p> <p>Findings:</p> <p>Record review of training records for Staff A, B and C did not reveal any annual training in 2023</p>	E 174		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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E 174	Continued From page 1  for Participant Rights, Preventing and Reporting forms of Abuse, and Emergency/Evacuation Procedures. The findings were confirmed in interview with Owner B on 4/24/2024 at 1:00 PM.	E 174		
E 210	105.14(7)(d)3.a-f. MEDICATIONS: CAREGIVER ADMINISTRATION REQS  Caregiver administered medications shall be stored, obtained, and assembled for the participant. The caregiver is responsible for ensuring the correct medication, in the correct dose, at the correct time is administered to the correct participant. Medications administered by a caregiver shall meet all of the following conditions: a. A written order from the prescribing practitioner shall be in the participant's record. b. A listing of current medications with the dosage, frequency, and route of administration shall be in the participant's record. c. Over-the-counter and prescription medications shall remain in the original labeled containers and be stored in a locked, safe place. d. Non-licensed caregivers shall consult with the prescribing practitioner or pharmacist about each medication to be administered. e. Written information describing side effects and adverse reactions of each medication shall be kept in the participant's record. f. The administration of medications shall be documented in the participant's permanent record to include the name of the medication, dosage, method of administration, date and time administered, and name of the caregiver who administered the medication.  This Rule is not met as evidenced by:	E 210		

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E 210	<p>Continued From page 2</p> <p>Based on observation and interview the facility failed to have a participants' prescription medication, that they administer, stored in its original, labeled container in 1 of 1 (Participant #1) stored medications observed.</p> <p>Findings:</p> <p>On 4/24/2024 at 10:45 AM during a tour of the facility with Assistant Director A, when asked about administration of medication Assistant Director A stated that they only have one participant that they administer medications to. Director A then presented Patient #1's medication from a locked drawer. The medication (Hydralazine - medication used for controlling behavior), was stored in a plastic pill organizer, not the original prescription bottle. A single yellow pill was observed in each of the daily compartments.</p> <p>On 4/24/2024 at 10:50 AM in an interview with Assistant Director A, Director A stated, "I really understand now that it should be in the original container."</p>	E 210		
Z 001	<p>Initial Comments</p> <p>An unannounced onsite recertification survey was conducted at Ladysmith Adult Day Services an Adult Day Care Center in LadysmithWisconsin on 4/24/2024. Ladysmith Adult Day Services was found to be out of compliance with the Wisconsin Caregivers Wisconsin Administrative Code DHS Chapters 12 and 13.</p> <p>One citation was issued.</p>	Z 001		

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Z 019	Continued From page 3	Z 019		
Z 019	<p>50.065(6)(am) Four Year Caregiver Background Requirement</p> <p>Every 4 years an entity shall require its caregivers and nonclient residents to complete a background information form that is provided to the entity by the Department.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure that all staff had caregiver background checks completed every 4 years in 1 of 3 (Staff A) staff files reviewed in a total of 3 staff files reviewed.</p> <p>Findings:</p> <p>On 4/24/2024 during a review of Staff B's employee file the most recent Background Check was dated 1/17/2020.</p> <p>On 4/24/2024 at 1:00 PM during an interview with Owner A, Owner A confirmed the date and that it was over the every 4 year requirement.</p>	Z 019		
L 000	<p>Initial Comments</p> <p>An unannounced onsite recertification survey of Ladysmith Adult Day Services in Ladysmith Wisconsin, was conducted on 4/24/2024. Ladysmith Adult Day Services was found to be in</p>	L 000		

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L 000	Continued From page 4  compliance with the federal home and community based settings (HCBS) rule 42 CFR. § 441.301.  There were no deficiencies identified.	L 000		