

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019127	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2025
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NAME OF PROVIDER OR SUPPLIER LONG CHENG SENIOR CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1804 S LAWE ST APPLETON, WI 54915
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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>INITIAL COMMENTS</p> <p>An announced onsite 2nd initial survey was conducted on 08/13/2025 at Long Cheng Senior Center in Appleton, WI.</p> <p>Long Cheng Senior Center is out of compliance with Wisconsin Administrative Code DHS 105.14 regulations for Adult Day Care Centers. Citations are issued.</p> <p>Current Census on day of survey: 0 day of survey, 18 current Useable square footage: 4479 Maximum number of Participants based on square footage: 89 Number of Participants per Certification: 60</p>	E 000		
E 200	<p>105.14(7)(b)1. SERVICE PLAN: DEVELOPED WITHIN 30 DAYS</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop and implement a service plan within 30 days of enrollment for 1 of 2 participant (Participant 1) records reviewed.</p> <p>Findings include:</p> <p>Review of participant #1's record, with a start of</p>	E 200		

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

TITLE

(X6) DATE

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E 200	Continued From page 1 care date of 4/7/2024, revealed the service plan was not developed or implemented identifying the services and activities being provided by the program. During interview with Administrator A on 08/13/2025 at 11:41 AM, Administrator A was told the service plan for participant 1 was not completed in 30 days from admission, Participant #1's service plan was not dated and had multiple blank areas. Administrator A stated, "OK, we will make a correction on that."	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 revise as needed, participant service plans every 6 months in 1 of 2 (Participant #1) records reviewed. Findings Include: Review of Participant #1's record revealed enrollment to day services on 4/7/2024. There was no evidence Participant #1's service plan had been reviewed and revised every 6 months or as needed. During interview with Administrator A on 08/13/2025 at 11:41 AM when asked if there is	E 201		

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E 201	Continued From page 2 any documentation that the service plan was reviewed and revised every 6 months or as needed, Administrator A stated, "We will make a correction on that."	E 201		
E 216	<p>105.14(7)(e)5. PROGRAM SERVICES: HEALTH MONITORING</p> <p>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:</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to monitor and document participants response to the service plan at a minimum, quarterly in 1 of 2 participants (Participant #1) records reviewed.</p> <p>Findings include:</p> <p>Record review of Participant #1's record revealed an enrollment date of 4/7/2024. Participant #1's record revealed no documentation of what services were being provided, and no evidence of</p>	E 216		

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E 216	Continued From page 3 a quarterly note in the participant #1's record. During interview with Administrator A on 08/13/2025 at 11:41 AM when asked if there is any documentation that services provided are reviewed and documented quarterly, Administrator A stated, "We will make a correction on that."	E 216		
Z 001	Initial Comments An unannounced, onsite Re-licensure survey was conducted on 08/13/2025 at Long Cheng Senior Center in Appleton WI. Long Cheng Senior Center is in compliance with Wisconsin Administrative Code DHS Chapters 12 and 13 for Wisconsin Caregivers.	Z 001		
L 000	Initial Comments An announced onsite 2nd initial survey was conducted on 08/13/2025 at Long Cheng Senior Center in Appleton, WI. Long Cheng Senior Center is in compliance with Federal Regulations 42 CFR 441.301 Home and Community Based Service Benchmarks/requirements. No Citations issued.	L 000		