

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0020605	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2024
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NAME OF PROVIDER OR SUPPLIER HELPING HANDS COMMUNITY ADULT DAY PROG GR	STREET ADDRESS, CITY, STATE, ZIP CODE 11019 W LAYTON AVE GREENFIELD, WI 53220
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E 000	<p>INITIAL COMMENTS</p> <p>An announced onsite initial survey was conducted on 08/21/2024, at Helping Hands Community Adult Day Program - Greenfield a proposed Adult Day Care Center located in Greenfield, WI.</p> <p>Helping Hands Adult Day Care Center was found to be out of compliance with Wisconsin Administrative Code DHS 105.14 regulations for Adult Day Care Centers.</p> <p>A total of one mock participant's file was reviewed during this survey.</p> <p>Citations were issued.</p> <p>Square footage of this facility was 2396 sq feet. Maximum capacity based on square footage - 47, capacity requested - 40. Census on the day of survey: 0</p>	E 000		
E 165	<p>105.14(3)(d)2.a. EMPLOYEE INITIAL COMMUNICABLE DISEASE SCREEN</p> <p>The ADCC shall obtain documentation from a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable diseases including tuberculosis. Screening for tuberculosis shall be conducted in accordance with current standards of practice. The screening and documentation shall be completed within 90 days before the start of employment or before assumption of duties in which the caregiver will have direct contact with any participant. The ADCC shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes.</p>	E 165		

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

TITLE

(X6) DATE

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E 165	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to obtain documentation indicating that employees have been screened for communicable diseases before starting employment and before having direct contact with participants in 2 (Employee B and Employee C) of 2 employee files reviewed.</p> <p>Findings Include:</p> <p>On 08/21/2024 during employee file review of Employee B and Employee C, there was no evidence of documentation of communicable disease screening completed prior to employment.</p> <p>On 08/21/2024 at 12:48 PM in an interview with Administrator A, when asked if there was documentation of employees being screened for communicable diseases prior to employment, Administrator A stated, "No, we don't." When asked what the facility's policy was for communicable disease screenings, Administrator A stated, "We don't have one."</p>	E 165		
E 170	<p>105.14(4)(a) EMPLOYEE TRAINING: ORIENTATION</p> <p>Before performing any job duties, all employees shall receive appropriate orientation to their job responsibilities and to the ADCC and its policies, including emergency and evacuation procedures,</p>	E 170		

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E 170	<p>Continued From page 2</p> <p>participant rights, and prevention and reporting any allegation of participant abuse, neglect, and misappropriation of participant property.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure new employees received orientation to the job responsibilities and to the Adult Day Care Center's (ADCC) policies, and participant rights in 2 of 2 employee personnel files (Employee B and Employee C) reviewed.</p> <p>Findings include:</p> <p>During record review on 08/21/2024, it was revealed Employee B and Employee C personnel files failed to show evidence that the two employees received orientation to the job responsibilities and the ADCC policies including emergency evacuation procedures, and participant rights.</p> <p>In an interview on 08/21/2024 at 12:09 PM with Administrator A, when asked if there was evidence of the employees' orientation to the job responsibilities and to the ADCC policies and procedures, Administrator A stated, "No, I don't." When asked what the facility's new employee orientation and training policy was, Administrator A stated, "We don't have one."</p>	E 170		
E 180	<p>105.14(5)(b)3. ENROLLMENT: SIGNED AGREEMENT SERVICES/COST</p> <p>An enrollment agreement shall be signed by the participant or legal representative, if applicable,</p>	E 180		

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E 180	<p>Continued From page 3</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to have an enrollment or service agreement which included a statement of services to be provided, the cost of those services and a statement the participants rights have been received in 1 of 1 admission folders reviewed.</p> <p>Findings:</p> <p>Review of Mock Participant #1's admission folder revealed no documentation of an enrollment or service agreement which included a description of services, the cost associated for the services, and an acknowledgement statement that the participant rights were reviewed and received.</p> <p>On 8/21/2024 at 11:15 AM during an interview with Administrator A when asked if there was an enrollment or service agreement which included the services provided and the costs associated with the services provided, and that the participant rights were reviewed and received, Administrator A stated, "No I guess not."</p>	E 180		
E 201	<p>105.14(7)(b)2. SERVICE PLAN: REVIEW AT LEAST EVERY 6 MONTHS</p> <p>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.</p>	E 201		

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E 201	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to review and revise as needed, participants' Service Plan every 6 months in 1 of 1 Participant files (Participant #1) reviewed.</p> <p>Findings:</p> <p>Review of Participant #1's file revealed an admission date to the program on 01/10/2022. The last review and revision of Participant #1's Service Plan in the file was dated 08/10/2022. There was no evidence Participant #1's Service Plan had been reviewed and revised every 6 months or as needed in Participant #1's file.</p> <p>On 8/21/2024 at 12:05 PM in an interview with Administrator A, when asked about a more recent Service Plan, Administrator A stated, "There isn't one." When asked for the facility's policy for reviewing and revising Service Plans Administrator A stated, "We don't have one."</p>	E 201		
E 208	<p>105.14(7)(d)1. MEDICATIONS: WRITTEN POLICY, SHALL BE 18 Y/O</p> <p>The ADCC shall have a written policy for medication management and shall designate which caregivers are authorized and trained to administer medications. The caregiver administering medications shall be 18 years of age or older. The policy shall indicate the program's role in the supervision of self-administered medications and caregiver administered medications.</p> <p>This Rule is not met as evidenced by:</p>	E 208		

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E 208	<p>Continued From page 5</p> <p>Based on record review and interview the facility failed to have a written policy for medication management which included the caregiver administering medication shall be 18 years of age or older in 1 of 1 medication administration policy review.</p> <p>Findings Include:</p> <p>During review of facility policies, it was discovered there was no medication management policy.</p> <p>On 8/21/2024 at 11:02 AM in an interview with Administrator A when asked about the agency's medication administration policy, Administrator A stated, "No, we don't have one."</p>	E 208		
E 209	<p>105.14(7)(d)2. MEDICATIONS: SELF-ADMINISTERED REQUIREMENTS</p> <p>Self-administered medications may be supervised by a caregiver who may prompt the participant and observe the participant taking the medication. To self-administer medications, the participant shall have the physical and mental capacity to obtain, dispense, and ensure the correct medications are taken in the prescribed dosages. When medications are self-administered, the medication list shall be reviewed and updated annually by the prescribing practitioner, physician, physician's assistant, or nurse practitioner.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to provide evidence that 1 of 1 participant's (Participant #1) self-administered medications have been reviewed and updated annually by the prescribing practitioner.</p>	E 209		

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E 209	Continued From page 6 Findings: On 08/21/2023 during record review of Participant # 1's record revealed no evidence of Participant #1's medications reviewed and updated annually by the prescribing practitioner. In an interview on 08/21/2023 at 12:20 PM with Administrator A when asked if the facility had documentation that Participant #1's medications had been reviewed and updated annually, Administrator A stated, "No, no I don't." When asked what the facility's policy was for Medication Management, Administrator A stated, "We don't have one."	E 209		
E 244	105.14(8)(b)3. WATER SUPPLY: TEMPERATURES The ADCC shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140 degrees Fahrenheit. The temperature of hot water at plumbing fixtures used by residents may not exceed the range of 110 to 115 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the water temperature in the water heater was set at 140 degrees F (Fahrenheit) and the water coming out of the faucet was between 110-115 degrees F on 1 of 1 water heaters inspected. Findings Include:	E 244		

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E 244	<p>Continued From page 7</p> <p>During a tour of facility on 08/21/2024 at 11:48 AM, the water temperature at the bathroom sink was 103.7 degrees F. At 12:30 PM, the water temperature reading at the faucet in the kitchen was 108.6 degrees F. At 12:35 PM, the water temperature reading at the faucet in the back activity room was 102.1 degrees F. At 12:40 PM, it was observed that the facility water heater, did not have a mixing valve or other mechanism to reduce the water temperature coming out of the water heater. The water heater did not have any indication as to what temperature the water was set at. All recorded water temperatures coming out of the facility's faucets were outside the 110-115 degrees F acceptable temperature range.</p> <p>During an interview with Administrator A on 08/21/2024 at 11:43 AM, when asked about the water heater temperature and if there was a mixing valve or any other mechanism to help bring the water temperature into range, Administrator A stated, "I am not sure, I thought 140 but I am not sure. I do not know."</p>	E 244		
E 248	<p>105.14(9)(a)1-3. SAFETY: EMERGENCY PLAN</p> <p>Each ADCC shall have a written plan for responding to fires, tornadoes, any missing participant, injuries, staff absenteeism, and other emergencies which includes: 1. Posting an evacuation plan. 2. Informing all staff members of their duties during an emergency. 3. Practicing and documenting annual tornado drills.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the Adult Day Care Center failed to have written</p>	E 248		

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E 248	Continued From page 8 emergency plans for responding to emergencies in 1 of 1 emergency plans reviewed. Findings include: On 8/21/2024 during review of facility policies, it was observed there was no policy or procedure for responding to emergencies including fires, tornadoes, injuries, and missing participants. During an interview with Administrator A on 08/21/2024 at 11:18 AM, when asked about the emergency plans and policy, Administrator A stated, "I don't know, no, no policy for this."	E 248		
Z 001	Initial Comments An announced initial certification survey was conducted on 08/21/2024 at at Helping Hands Community Adult Day Program - Greefield a proposed Adult Day Care Center located in Greenfield, WI. Helping Hands Adult Day Care Center was found to be in compliance with the Wisconsin Administrative Codes: DHS 12 and 13 Caregiver Regulations. A total of 2 personnel files were reviewed.	Z 001		
L 000	Initial Comments An announced onsite Initial survey was conducted on 08/21/2024, at at Helping Hands Community Adult Day Program - Greefield a proposed Adult Day Care Center located in Greenfield, WI. Helping Hands Adult Day Care Center was found	L 000		

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L 000	<p>Continued From page 9</p> <p>to be in compliance with the Federal Regulations 42 CFR 441.301 Home and Community Based Services requirements.</p> <p>No citations were issued. Current Census: 0 Total Maximum Capacity: 40 A total of 1 mock participant's file was reviewed. A total of 2 personnel files were reviewed.</p>	L 000		