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
	0018444	A. BUILDING: _____ B. WING _____	C 09/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCH OF MINONG INC	**715 WEST HOKAH STREET MINONG, WI 54859**

(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 09/03/2024, Surveyor conducted a complaint investigation at Arch of Minong Inc. Data was collected through 09/05/2024. The complaint was substantiated. One violation was identified. Census: 4	M 000		
M 430	88.07(1)(c) ACTIVITIES AND SERVICES The licensee shall plan activities and services with the residents to accommodate individual resident needs and preferences and shall provide opportunities for each resident to participate in cultural, religious, political, social and intellectual activities within the home and community. A resident may not be compelled to participate in these activities. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure there were planned activities and services with the residents to accommodate individual resident needs and preferences and provided opportunities for each resident to participate in cultural, religious, political, social, and intellectual activities in the community. Findings include: The Department received a complaint regarding resident activities.	M 430		

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

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M 430	Continued From page 1 On 09/03/2024 at approximately 9:10 AM, Surveyor interviewed Resident 1, who stated the staff never take the residents grocery shopping or to Walmart. At approximately 10:26 AM, Surveyor interviewed House Manager (HM) A, who stated Resident 1 walked to the store on his/her own, Resident 2 went out each week with his/her family and Resident 3 and Resident 4 were not interested in out of the home activities. HM A stated Resident 3 and 4 were too anxious to go out in public and Resident 1 did complain that there was nothing to do. HM A stated there had not been any planned community activities since April 2024. On 09/03/2024 at 2:19 PM, Surveyor received by email the activity calendars for July and August 2024. Each day of the month had 1 activity listed and the initials of each resident. All the activities occurred in the home. On July 19, 2024, there was a handwritten note that read 'car ride & stop for treats' with an arrow pointing to Resident 3. None of the scheduled activities indicated a specific start time. At approximately 11:30 AM, Surveyor interviewed HM A, who stated that if a resident participated in the posted activity, staff circle their initials on the calendar. In July and August there was participation of at least 1 resident each day but more often 2-4 residents participated. HM A stated there was a transport vehicle but they did not use it for activities. HM A stated all shifts were single staffed but they could plan to have a staff come in for a scheduled activity out of the home. This did not occur. From 2:40 PM to 2:48 PM, Surveyor interviewed Managed Care (MC) B, who stated that it was	M 430		

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M 430	Continued From page 2	M 430		

frustrating that the program did not provide out of the home activities. MC B stated Licensee C had said to him/her, " ...do you have any ideas on how to pay for an activity director ..."

From 3:57 PM to 4:04 PM, Surveyor interviewed Managed Care D, who stated that activities were not planned outside the home and that their organization had the expectation there should be scheduled out of home activities.

On 09/04/2024 from 9:13 AM to 9:25 AM, Surveyor interviewed Guardian E, guardian for Resident 3 and Resident 4, who stated they were aging and their stamina was low so activities in the home were appropriate for their needs. Guardian E stated both residents had enjoyed out of home activities in the past. Guardian E stated the provider used to bring in a high school group, a local pastor, and the library bus would visit, but s/he was not sure if that was still happening.

On 09/05/2024 from 8:48 AM to 9:07 AM, Surveyor interviewed District Manager (DM) F, who stated they had tried to do out of the home activities. DM F confirmed the program did have a transport vehicle. DM F stated s/he was not aware they were to be scheduling activities in the community. DM F stated the plan would be to schedule a staff 1 time per week to facilitate a community activity.

The provider did not plan activities and services in the community.