STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013939	A. BUILDING: _____ B. WING _____	08/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DALOGASA GARDENS	306 DALOGASA DR ARENA, WI 53503

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M 000	INITIAL COMMENTS On 08/02/2024, Surveyor conducted a standard licensure survey at Dalogasa Gardens. Six deficiencies were identified. One of the 6 deficiencies was a repeat violation (see Statement of Deficiency (SOD) K7RF11). Census: 4	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license,	M 114		

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

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M 114	Continued From page 1 initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 personnel (Caregiver B) file included a complete background check as required. The Background Information Disclosure (BID) form, a report from the Department of Justice (DOJ) criminal record and the Integrated Background Information System Letter (IBIS) were not completed every four years. An out-of-state DOJ criminal record and IBIS were not completed when 1 of 1 personnel (Caregiver C) documented that s/he had lived out of the state in the last 3 years. Findings include: On 08/02/2024, Surveyor reviewed Caregiver B's and Caregiver C's personnel record. Caregiver B had a hire date of 2012 and his/her record included: BID form, signed and dated 11/09/2019 DOJ report, dated 11/08/2019 IBIS letter was dated 11/08/2019 Surveyor noted an additional background check should have been completed in 11/2023 to meet the 4-year requirement. Caregiver C had a hire date of 07/10/2024 and	M 114		

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M 114	Continued From page 2 his/her record included a BID form, signed and dated 06/03/2024, which documented that s/he had lived in Florida in the past 3 years. On 08/02/2024, at approximately 2:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he thought s/he had completed Caregiver B's four-year background check and would ensure that was completed immediately. Licensee A stated s/he did not realize that an out-of-state background check had to be completed and would complete that immediately.	M 114		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure that 1 of 1 service providers (Caregiver C) received initial training related to medications prior to conducting medication administration. Findings include: On 08/02/2024, at approximately 12:45 PM,	M 244		

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M 244	Continued From page 3 Surveyor arrived at the home and observed Caregiver C being the sole caregiver. On 08/02/2024, Surveyor reviewed Caregiver C's record. Caregiver C was hired 07/10/2024 and his/her record did not contain any medication administration training. On 08/02/2024, Surveyor reviewed Resident 1's, Resident 2's, and Resident 3's July 2024 medication administration record where it was documented that Caregiver C had administered medications starting on 07/17/2024. On 08/02/2024, at approximately 2:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would ensure that Caregiver C had received required medication administration	M 244		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 staff members	M 246		

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M 246	Continued From page 4 (Licensee A and Caregiver B) received annual training related to medication administration in 2023. Findings include: On 08/02/2024, Surveyor reviewed Licensee A's and Caregiver B's personnel record. Licensee A received licensure for the home on 03/06/2012. Licensee A's record did not include annual training in medication administration in 2023. Caregiver B was hired in 2012. Caregiver B's record did not include annual training in medication administration in 2023. On 08/02/2024, at approximately 2:15 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would ensure Caregiver B and him/herself received medication administration in their 2024 continuing education.	M 246		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents (Resident	M 346		

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M 346	Continued From page 5 1, Resident 2, Resident 3) were evaluated annually for evacuation time, using the Department's form. This is a repeat deficiency. See Statement of Deficiency (SOD) K7RF11, dated 02/02/2022. Findings include: On 08/02/2024, Surveyor reviewed Resident 1's, Resident 2's, and Resident 3's record. Resident 1's current evacuation assessment was dated 02/06/2022. There was no documentation indicating Resident 1 was evaluated for evacuation annually in 2023 and 2024. Resident 2's current evacuation assessment was dated 02/06/2022. There was no documentation indicating Resident 2 was evaluated for evacuation annually in 2023 and 2024. Resident 3's current evacuation assessment was dated 02/06/2022. There was no documentation indicating Resident 3 was evaluated for evacuation annually in 2023 and 2024. On 08/02/2024, at approximately 2:15 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would ensure the residents were evaluated annually.	M 346		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated	M 424		

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M 424	Continued From page 6	M 424		

representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 3 of 3 resident's (Resident 1, Resident 2, Resident 3) Individual Service Plan (ISP) were reviewed at least once every six months by the provider, the resident and/or resident's guardian, and/or the placing agency.

Findings include:

On 08/02/2024, Surveyor reviewed Resident 1's, Resident 2's, and Resident 3's record.

Resident 1 moved into the home on 11/03/2017.
Resident 1's record contained an ISP dated 04/17/2023.
Resident 1's record was due to be reviewed in 10/2023 and 04/2024.

Resident 2 moved into the home on 04/28/2021.
Resident 2's record contained an ISP dated 06/26/2023.
Resident 2's record was due to be reviewed in

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M 424	Continued From page 7 12/2023 and 06/2024. Resident 3 moved into the home on 01/27/2018. Resident 3's record contained an ISP dated 06/28/2023. Resident 3's record was due to be reviewed in 12/2023 and 06/2024. On 08/02/2024, at approximately 2:15 PM, Surveyor interviewed Licensee A. Licensee A stated s/he thought the ISPs were to be updated annually but s/he would ensure the ISPs were reviewed every six months.	M 424		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 3 of 3 residents. Resident 1's, Resident 2's, and Resident 3's medications were administered in August 2024, but were not recorded on a medication administration record (MAR).	M 466		

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M 466	Continued From page 8 Findings include: On 08/02/2024, Surveyor observed Resident 1's bedtime dose of Phenytoin Sod (seizure medication) had not been administered on 08/01/2024. Caregiver C stated s/he believed Resident 1 had refused the medication. Surveyor requested the August 2024 MARs for the residents. Caregiver C brought Surveyor the MAR book which did not contain an August 2024 MAR for Resident 1, Resident 2, or Resident 3. On 08/02/2024, at approximately 2:15 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would receive the August 2024 MARs when s/he picked up the medications which s/he would be doing today as tomorrow was the start of the med cycle. Licensee A stated s/he should have picked the medications up prior to August 01, 2024 to ensure staff had a MAR to compare medication administration against.	M 466		