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
	0013939	A. BUILDING: _____ B. WING _____	R 11/01/2024

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

(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 10/31/2024, with information gathered through 11/05/2024, Surveyor conducted a verification visit at Dalogasa Gardens. One deficiency was identified. One of 1 deficiency was a repeat violation (see Statement of Deficiency (SOD) GJNP11). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{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 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 interview, and record review, the provider did not update 2 of 2 resident's individual	{M 424}		

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

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{M 424}	Continued From page 1 service plan (ISP) regarding his/her behaviors. This is a repeat deficiency. See Statement of Deficiency (SOD) GJNP11, dated 08/02/2024. Resident 2's ISP did not define his/her physical and/or verbal behaviors. Resident 3's ISP did not define his/her dietary requirements or his/her behaviors. Findings include: On 10/31/2024, Surveyor reviewed Resident 2's and Resident 3's record. Example 1: Resident 2 Resident 2 moved into the home 04/28/2021. Resident 2's "ISP," stated the service plan review dates were 06/30/2022 and 06/26/2023. On 10/31/2024, at approximately 3:45 PM, Surveyor interviewed Administrator A. Administrator A stated nothing had changed in Resident 2's ISP. Administrator A looked through his/her paperwork and found the signature page for Resident 2's ISP which was dated 09/17/2024. On 11/01/2024, Surveyor requested Resident 2's record from his/her managed care organization (MCO) provider. On 11/05/2024, Surveyor reviewed Resident 2's MCO record. Resident 2's "Member Centered Plan," dated 06/07/2024, documented: "AFH (adult family home) helps me process my emotions and redirects when I am hitting myself,	{M 424}		

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{M 424}	Continued From page 2 crying, etc." "AFH working on behavior support plan." Resident 2's MCO "Case Note Report" documented: 06/07/2024 - Met with ... [Administrator A] ... [Administrator A] will be meeting with [psychiatry] today to help with communication and trying to continue to get a handle on behaviors. ..." 07/30/2024 - Monthly contact with [Resident 2's] AFH provider. ... [S/he] hasn't had any major behaviors. [Psychiatry] is helping [him/her] with some ideas of what to put in the behavior support plan to help [Resident 2]. [S/he] still has crying episodes and [s/he] will go to [his/her] room when [s/he] is feeling sad. ..." 10/30/2024 - Contact with [community service center] ... [S/he] goes to the Sensory room where [s/he] colors and does books. [S/he] indicated that they had [him/her] go to another part of the building where others congregate if they don't have work and [s/he] would cry and be very upset. Since they had [him/her] go to the Sensory room/Adult day care [s/he] has done better, fewer behaviors." On 11/05/2024, Surveyor reviewed Resident 2's ISP, signed 09/17/2024, which documented: "Started working with [psychiatry] to help [him/her] and work with staff to teach us how to work with [his/her] with behaviors [sic]." The ISP did not define what behaviors Resident 2 displayed and what guidelines care staff should follow. On 11/05/2024 at 8:08 AM, Administrator A called Surveyor. Surveyor and Administrator A reviewed Resident 2's ISP vs the MCO member centered plan. Administrator A stated s/he would review	{M 424}		

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{M 424}	Continued From page 3 the ISP. Example 2: Resident 3 Resident 3 moved into the home 01/27/2018. Resident 3's "ISP," stated the service plan review date was 02/10/2023. On 10/31/2024, at approximately 3:45 PM, Surveyor interviewed Administrator A. Administrator A stated nothing had changed in Resident 3's ISP. Administrator A looked through his/her paperwork and found the signature page for Resident 3's ISP which was dated 09/09/2024. On 11/01/2024, Surveyor requested Resident 3's record from his/her MCO provider. On 11/05/2024, Surveyor reviewed Resident 3's MCO record. Resident 3's "Member Centered Plan," dated 06/01/2024, documented: "Gastrointestinal - Underweight. Drinks two cans of Ensure daily and consumes calorie-dense meals and high protein snacks." "Major Neurocognitive Disorder - due to mixed etiology, with behavioral disturbance." "Memory Loss - Caregiver states [his/her] statements/thoughts are often repetitive." "Psychiatric/Behavioral - Alcohol use disorder in remission. Has been treated at [30-day program] on three different occasions; has been to detox many times. Monitor closely." "Major Depression, Recurrent - Has history of suicide attempts X3 [three times] (OD (over dose) X2 and attempt to hang X1)." On 11/05/2024, Surveyor reviewed Resident 3's	{M 424}		

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{M 424}	Continued From page 4 ISP, signed 09/09/2024, which documented: "Dining Assistance/Appetite: Resident needs [his/her] food cut up and at times needs assistance with eating due to shaking from [his/her] MS (multiple sclerosis). To dine at kitchen table with others." The ISP did not identify that Resident 3 had additional dietary requirements and that s/he had behaviors. On 11/05/2024 at 8:08 AM, Administrator A called Surveyor. Surveyor and Administrator A reviewed Resident 4's ISP vs the MCO member centered plan. Administrator A stated s/he would review the ISP.	{M 424}		