STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018749	A. BUILDING: _____ B. WING _____	R-C 11/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING - HAYWARD I	10260 WHITE BIRCH LN HAYWARD, WI 54843

(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
{N 000}	Initial Comments On 11/04/2025, Surveyor began a standard licensure survey and verification visit at Vitacare Living - Hayward I. Data was collected through 11/10/2025. Four citations were corrected. One new citation was identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 16.	{N 000}		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the CBRF (community based residential facility) had a living environment that was clean. Findings include: The provider is licensed for to care for residents in the client groups physically disabled, terminally ill, advanced aged, and irreversible dementia/Alzheimer's disease. On 11/04/2025 at approximately 2:00 PM,	N 481		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 481	Continued From page 1 Surveyor toured the kitchen and observed that multiple cupboard doors were covered with debris especially on the bottom trim. Surveyor observed that many of the cupboard doors were very sticky and the interior of at least 5 cupboards had debris on the bottom. Surveyor observed the inside of the microwave was covered in food splatter and the toaster was not clean. Surveyor observed the bottom of the freezer had pieces of loose frozen food. At approximately 2:25 PM, Surveyor interviewed Regional Director (RD) A who stated the staff had a list of tasks to complete daily that included cleaning out the refrigerator. On 11/06/2025 from 2:35 PM to 3:33 PM, Surveyor interviewed RD A who stated there was not a specific policy for kitchen cleanliness but cleaning the kitchen was included in the staff job description. RD A stated since the survey they have added cabinet cleanliness to the daily chore list. Surveyor inquired why no one had noticed the cupboards and RD A stated the Assistant Executive Director (AED) B should have noticed. The provider did not ensure a clean environment in the kitchen.	N 481		