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DAYTON CARE CENTER	521 59TH STREET KENOSHA, WI 53140

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N 000	Initial Comments On 12/11/2024 with information gathered through 12/12/2024, Surveyors conducted a standard survey and complaint investigation at Dayton Care Center, a Community-Based Residential Facility (CBRF) in Kenosha, WI. Eleven deficiencies identified. Complaint unsubstantiated. Census: 74	N 000		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide 3 of 3 (Caregiver D, Caregiver E, and Caregiver F) caregivers reviewed with orientation training including job responsibilities, prevention and reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan	N 230		

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

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N 230	Continued From page 1 and evacuation procedures, Community Based Residential Facility policies and procedures and recognizing and responding to resident changes of condition. Findings include: On 12/11/2024, Surveyors reviewed Caregiver D's, Caregiver E's and Caregiver F's record and identified the following: -Caregiver D was hired on 11/12/2024. Surveyor could not locate orientation training for Caregiver D. -Caregiver E was hired on 11/11/2024. Surveyor could not locate orientation training for Caregiver E. -Caregiver F was hired on 12/14/2024. Surveyor could not locate orientation training for Caregiver F. On 12/11/2024 at approximately 12:37 PM, Surveyors interviewed Business Office Manager (BOM) A. BOM A stated s/he would be honest and confirmed they did not have that as part of the orientation. Caregiver D, Caregiver E and Caregiver F did not have the training.	N 230		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material.	N 239		

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N 239	Continued From page 2 Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure 1 of 3 caregivers (Caregiver D) reviewed received Department approved training courses when assuming job duties. Caregiver D did not have training in standard precautions. Findings include: On 12/11/2024 at approximately 11:30 AM, Surveyors reviewed Caregiver D's employee records. Caregiver D was hired on 11/12/2024. The record for Caregiver D, did not contain evidence of training or evidence of meeting an exemption for standard precautions. On 12/11/2024 at approximately 12:37 PM, Surveyors interviewed Business Office Manager	N 239		

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N 239	Continued From page 3 (BOM) A and Administrator B. BOM A stated s/he was unaware it needed to be completed prior to assuming the job duties. BOM A stated Caregiver D worked alone and assumed caregiver job duties when working. BOM A stated s/he would make sure moving forward, the Department approved training classes would be completed within 90 days of hire or before if the caregiver assumes the job duties. On 12/11/2024, Surveyor verified Caregiver D was not on the Community-Based Care and Treatment training registry for standard precautions.	N 239		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental	N 243		

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N 243	Continued From page 4 considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employee reviewed (Caregiver F), obtained all training as required within 90 days after starting employment. Caregiver F did not have training in resident rights, recognizing, preventing, managing and responding to challenging behaviors, and client groups training within 90 days after starting employment. Findings include: The facility was licensed on 05/01/2023, to serve clients with traumatic brain injury, irreversible dementia, developmentally disabled and advanced aged.	N 243		

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N 243	Continued From page 5 On 12/11/2024, at approximately 11:30 AM, Surveyors conducted a review of employee records to verify compliance with all employee training requirements. Surveyor identified the following: -Caregiver F was hired on 12/14/2023. There was no evidence Caregiver F received training in resident rights, recognizing, preventing, managing and responding to challenging behaviors, and client groups training. On 12/11/2024, at approximately 12:37 PM, Surveyors interviewed Business Office Manager (BOM) A and Administrator B. BOM A and Administrator B confirmed the following: -Caregiver F did not receive training in resident rights, recognizing, preventing, managing and responding to challenging behaviors, and client groups training and did not meet an exemption for the training's. On 12/11/2024, at approximately 12:37 PM, BOM A and Administrator B stated moving forward, they would ensure all employee training was completed upon new hire training and ensure the trainers checked all the topics off when staff have been trained.	N 243		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a	N 393		

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N 393	Continued From page 6 sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not complete an evaluation of evacuation limitations for 4 of 4 residents reviewed (Resident 1, Resident 2, Resident 3 and Resident 4), within 3 days of the resident's admission. Findings include: The facility is licensed as a class CS (semi-ambulatory) facility for 90 residents with programs in traumatic brain injury, advanced age, developmentally disabled and irreversible dementia/Alzheimer's. On 12/11/2024 at approximately 11:30 AM, Surveyors reviewed resident records. Surveyors identified the following: -Resident 1 was admitted on 05/08/2024 and his/her record did not contain evidence of an initial evacuation assessment. -Resident 2 was admitted on 06/16/2022 and his/her record did not contain evidence of an initial evacuation assessment. -Resident 3 was admitted on 05/25/2023 and his/her record did not contain evidence of an initial evacuation assessment. -Resident 4 was admitted on 07/12/2024 and	N 393		

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N 393	Continued From page 7 his/her record did not contain evidence of an initial evacuation assessment. On 12/11/2024 at approximately 1:00 PM, Surveyors interviewed Social Worker C. Social Worker C stated s/he could not locate evidence of an initial evacuation assessment for Resident 1, Resident 2, Resident 3 and Resident 4 so they were not completed upon admission because it should had been with their nursing chart.	N 393		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not evaluate 1 of 1 resident reviewed, at least annually for his/her mental or physical capability to respond to a fire alarm. Resident 2 was not assessed annually for 1 of 1 calendar years reviewed (2023). Findings include: On 12/11/2024, Surveyors reviewed Resident 2's record. Resident 2 was admitted to the facility on 06/16/2022. Surveyor could not find evidence of Resident 2's annual evacuation assessment for calendar year 2023 in Resident 2's record. On 12/11/2024 at approximately 1:00 PM, Surveyors interviewed Social Worker C. Social Worker C stated s/he could not locate evidence of an annual evacuation assessment for Resident	N 394		

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N 394	Continued From page 8 2 for calendar year 2023. Social Worker C stated if it had been completed, it would have been in their nursing chart but s/he could not find it.	N 394		
N 407	83.37(1)(h) Scheduled psychotropic medications. Scheduled psychotropic medications. When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident ' s record as required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident who had prescribed psychotropic medications was re-evaluated, at least quarterly, for the desired responses and possible side effects of each medication for 2 of 2 residents reviewed. Resident 1 and Resident 4 received scheduled psychotropic medications and were not re-evaluated at least quarterly in 2024. Resident 1 was not evaluated in the 2nd and 3rd quarters of 2024. Resident 4 was not evaluated in the 3rd quarter of 2024. Findings include: On 12/11/2024, at 11:00 AM, Surveyor reviewed Resident 1's and Resident 4's records and	N 407		

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identified the following:
-Resident 1 was admitted to the facility on 05/18/2024.
-Resident 1's medication administration record and written order identified Resident 1 was prescribed risperidone 1 milligram (mg) tablet 1 time daily at bedtime for anxiety and Zoloft 50 mg every morning for depression. Resident 1's record indicated no psychotropic medication review since admission.
-Resident 1's Medication Administration Record (MAR), from 05/08/2024 through 12/12/2024, identified Resident 1 received risperidone 1 mg daily and Zoloft 50 mg daily.

-Resident 4 was admitted to the facility on 07/12/2024.
-Resident 4's medication administration record and written order identified Resident 4 was prescribed paliperidone 156 mg injection every 4 weeks and sertraline 150 mg tablet daily in morning for depression. Resident 1's record indicated no psychotropic medication review since admission.
-Resident 4's Medication Administration Record (MAR), from 07/12/2024 through 12/12/2024, identified Resident 4 received paliperidone 156 mg injection every 4 weeks and sertraline 150 mg daily.

On 12/12/2024, at 1:35 PM, Surveyors interviewed Licensed Practical Nurse (LPN) Manager H. LPN Manager H stated s/he had only been in this role for about a month and was not aware of the scheduled psychotropic medication reviews that needed to be completed by an RN. LPN Manager H stated s/he was currently working with the owners of the facility to implement services of a long-term care pharmacy that would provide them with medication reviews,

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N 407	Continued From page 10 electronic medication administration records, medication carts and locked medication solutions.	N 407		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure injectable medications were delegated by a Registered Nurse (RN) pursuant to the Nurse Practice Act [s. N 6.03(3)] and in accordance with accepted standards of practice for 2 of 2 unlicensed caregivers (Caregiver E and Caregiver F) reviewed who administered insulin injections. Findings include: Chapter N6.03(3) is the Standard of Practice for RNs and addresses the supervision and direction of delegated tasks. The RN may delegate a task based on the educational preparation and demonstrated abilities of the person supervised but must provide direction and assistance, and observe, monitor, and evaluate the effectiveness of the delegated tasks. On 12/11/2024, Surveyors requested to review Caregiver E's and Caregiver F's employee records and identified the following:	N 416		

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N 416	Continued From page 11 -Caregiver E was hired on 11/11/2024. Caregiver E's record did not contain evidence of nurse delegation. -Caregiver F was hired on 12/14/2023. Caregiver F's record did not contain evidence of nurse delegation. On 12/11/2024 at approximately 2:00 PM, BOM A indicated six residents received insulin injections. On 12/11/2024 at approximately 2:30 PM, Surveyors interviewed Business Office Manager (BOM) A, Administrator B and RN Consultant G. BOM A, Administrator B and RN Consultant G stated Caregiver E and F passed medications and administered insulin to the six residents. RN Consultant G stated s/he had gone over medication administration with the caregivers but not specific delegated tasks. RN Consultant G confirmed with Surveyors the code for nurse delegation and stated moving forward s/he would have a specific training for the delegated tasks the caregivers would be completing.	N 416		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping	N 525		

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N 525	Continued From page 12	N 525		

hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not conduct fire evacuation drills at least quarterly and did not conduct at least one fire evacuation drill annually that simulated the conditions during usual sleep hours for 1 of 1 calendar year reviewed (2023).

Findings include:

The facility was licensed on 05/01/2023 to serve residents in the client groups of traumatic brain injury, irreversible dementia, developmentally disabled, and advanced aged.

On 12/11/2024, Surveyors reviewed fire evacuation drills for calendar year 2023. The provider completed fire drills on 05/11/2023 and 09/13/2023. There were no drills which simulated the conditions during usual sleep hours.

On 12/11/2024, at approximately 1:30 PM, Surveyors interviewed Business Office Manager (BOM) A and Administrator B. BOM A and Administrator B stated they were not aware they needed fire drills on a quarterly basis and one of them that simulated the conditions during usual sleep hours. BOM A and Administrator B stated they would work with the maintenance team to make sure they are conducted quarterly and one of them being simulated during usual sleep hours.

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N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct other evacuation drills at least semi-annually for 1 of 1 calendar year (2023). Findings include: The facility was licensed on 05/01/2023 to serve residents in the client groups of traumatic brain injury, irreversible dementia, developmentally disabled, and advanced aged. On 12/11/2024, Surveyors requested to review other evacuation drills for calendar year 2023. There were no other evacuation drills completed for calendar year 2023. On 12/11/2024 at approximately 1:30 PM, Surveyors interviewed Business Office Manager (BOM) A and Administrator B. BOM A and Administrator B stated they were not familiar with other evacuation drills but moving forward they would work with their maintenance team to get the completed.	N 526		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years.	N 530		

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DAYTON CARE CENTER	521 59TH STREET KENOSHA, WI 53140

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N 530	Continued From page 14 This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure the fire inspection by the local fire authority or certified fire inspector was completed for 1 of 1 calendar year (2023). Findings include: The facility was licensed on 05/01/2023 to serve residents in the client groups of traumatic brain injury, irreversible dementia, developmentally disabled, and advanced aged. On 12/11/2024 at approximately 10:30 AM, Surveyors requested from Administrator B the annual fire inspection for calendar year 2023. Administrator B gave Surveyors a binder which did not have the annual fire inspection for calendar year 2023. On 12/11/2024 at approximately 1:30 PM, Surveyors interviewed Administrator B. Administrator B stated s/he did not have a copy of it and would have to have maintenance contact the local fire department for the documentation. Surveyors requested information to be sent no later than 1:00 PM on 12/12/2024. As of 12/12/2024 at 4:00 PM, Surveyors did not receive evidence of the annual fire inspection for calendar year 2023 from Administrator B.	N 530		
N 538	83.48(3)(a) Fire detection systems inspected annually. After the first year following installation, fire detection systems shall be inspected, cleaned	N 538		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018835	A. BUILDING: _____ B. WING _____	C 12/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYTON CARE CENTER	521 59TH STREET KENOSHA, WI 53140

(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 538	Continued From page 15 and tested annually by certified or trained and qualified personnel in accordance with the specifications in NFPA 72 and the manufacturer ' s specifications and procedures. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure the fire detection system was inspected for 1 of 1 calendar year (2023). Findings include: The facility was licensed on 05/01/2023 to serve residents in the client groups of traumatic brain injury, irreversible dementia, developmentally disabled, and advanced aged. On 12/11/2024 at approximately 10:30 AM, Surveyors requested from Administrator B the annual fire detection system inspection for calendar year 2023. Administrator B gave Surveyors a binder which did not have the annual fire detection system inspection for calendar year 2023. On 12/11/2024 at approximately 1:30 PM, Surveyors interviewed Administrator B. Administrator B stated s/he did not have a copy of it and would have to have maintenance contact the company they use for the documentation. Surveyors requested information to be sent no later than 1:00 PM on 12/12/2024. As of 12/12/2024 at 4:00 PM, Surveyors did not receive evidence of the annual fire detection system inspection for calendar year 2023 from Administrator B.	N 538		