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 _____	R-C 09/02/2025

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 000}	Initial Comments On 09/02/2025, Surveyor completed 2 verification visits, and 3 complaint investigations at Dayton Care Center. Statement of Deficiency (SOD) Q5Z511 was corrected. Eleven of 11 deficiencies were corrected for SOD JF3C11. Three new deficiencies were identified. Three complaints were unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 70	{N 000}		
N 401	83.37(1)(b) Medication label permanently attached. Medications. Prescription medications shall come from a licensed pharmacy or a physician and shall have a label permanently attached to the outside of the container. Over-the-counter medications maintained in the manufacturer ' s container shall be labeled with the resident ' s name. Over-the-counter medications not maintained in the manufacturer ' s container shall be labeled by a pharmacist. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure the prescription medications had a label permanently attached to the outside of the container for 1 of 1 resident. Resident 5's medications did not have permanently attached labels to their pill containers. Findings include: On 09/02/2025 at approximately 11:35 AM, Surveyors observed Resident 5's medication storage. Surveyors observed 2 trays containing	N 401		

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

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N 401	Continued From page 1 medication containers. Each slot on the medication tray had an area for a medication cup and a small sheet of paper. The paper had Resident 5's name and room number and the names and doses of the medications. Resident 5's slots for medication cups had 4 cups stacked in them. On 09/02/2025, Surveyors reviewed Resident 5's record. Resident 5 was admitted 10/08/2024. Resident 5's Individualized Service Plan (ISP), dated 05/29/2025, identified Resident 5 was prescribed the following medications: multivitamin, daily; rosuvastatin 20 milligrams (mg), daily; diclofenac 75 mg, twice daily (BID); propranolol 40 mg, BID; varenicline 1 mg, BID; buspirone 15 mg, three times daily (TID); Vitamin B12 1000 micrograms (mcg), daily; hydroxyzine 50 mg, daily at bedtime (HS); pantoprazole 40 mg, BID; Vitamin B1 100 mg, daily; and Vitamin C 500 mg, daily. On 09/02/2025 at approximately 11:45 AM, Surveyors interviewed Licensed Practical Nurse (LPN) D and LPN E regarding the medication storage. LPN D and LPN E stated Resident 5's medications s/he was prescribed were stored was in those containers because they received Resident 5's medications in blister packs and it takes too long to pop the medications when its time for the medication to be administered. LPN D and LPN E confirmed Resident 5 required staff to administer their medications. As a result, medications are pre-popped two times a week into medication containers where the labels are not permanently attached.	N 401		
N 452	83.41(3)(b) Food safety.	N 452		

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N 452	Continued From page 2 Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored to prevent food borne illness. The provider did not properly seal food, maintain labels or dates on open food. This had the potential to affect 70 of 70 residents in the facility. Findings include: On 09/02/2025, at 11:15 AM, Surveyor toured the facility kitchen and observed the following: Kitchen Refrigerator -Fourteen sandwiches in clear sandwich bags did not contain a label. -Clear container of orange liquid with no lid, label, or date.	N 452		

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N 452	Continued From page 3 -Yellow thick soup like liquid in a metal container covered with plastic did not contain a label or date. -Twelve Styrofoam plates contained sliced ham, sweet potatoes, and a salad did not have a label or date. -Tan bowl with a cream-colored substance similar to potato salad did not have a label or date. Kitchen Shelf -Box of Uncle Ben's grain white rice on the shelf covered in saran wrap without a date. -One Gallon of Heinz Worcester sauce contained a brown sticky substance on the surface of the bottle. The container did not have a date. According to the Wisconsin Food Code, the Federal Department of Agriculture's Food Code, and SERV Safe standards, date marking is necessary to indicate when food must be consumed or discarded. These standards indicate refrigerated, ready to eat (RTE), potentially hazardous food (PHF), and time/temperature controlled for safety (TCS) foods that are removed from manufacturer packaging and/or prepared for consumption must be date marked and discarded within 7 days. Refrigerated, RTE, PHF, and TCS foods prepared and packaged in a food processing plant shall also be date-marked when opened in the facility (date not to exceed 7 days). (SERV Safe Coursebook, 7th Ed., 2017, p. 5-23) On 09/02//2025 at approximately 2:00 PM, Surveyor interviewed Administrator A and Case Manager B. Administrator A acknowledged the above concerns. Administrator A reported all staff were trained in dietary food preparation and safety. Administrator A reported s/he would ensure staff were labeling and covering food	N 452		

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N 452	Continued From page 4 properly daily.	N 452		
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 interviews, the provider did not ensure the living environment was safe, clean, comfortable, and homelike. The facility needed cleaning and some repairs. This had the potential to affect 70 of 70 residents. Findings include: On 09/02/2025, at approximately, 11:15 AM, Surveyors toured the facility and observed the following: Eight Floor Bathroom - The wall behind the toilet had peeling and swollen paint from possible water damage. - The bathroom contained a strong smell of urine. Sixth Floor Bathroom - The wall behind the toilet had peeling and swollen paint from possible water damage. - The door of the bathroom contained a dark smeared stain similar to feces. Sixth Floor Shower room -The wall underneath the window ledge contained	N 481		

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N 481	Continued From page 5	N 481		

several deep craps in the plaster.
-The ceiling contained grayish blackish dots and circles similar to mold.
- The shower contained a strong smell of urine. There was a yellow liquid on the floor in the shower room. The liquid was similar to urine.

Kitchen
- The floor under the kitchen sink and shelving area contained a sticky black matter with loose grains similar to corn meal.

-The kitchen lighting in the ceiling contained a missing light bulb and did not have a lighting cover.
-The vent in the ceiling contained a significant amount of dark gray matter similar to dust.
- The entire kitchen ceiling and walls were covered in fluffy gray matter similar to dust.
- The purple box fan sitting on the kitchen shelf was full of dark gray matter similar to dust.
- The round silver fan sitting on the kitchen floor was full of dark gray matter similar to dust.

Refrigerator
The right side of the refrigerator contained a significant amount of grey matter similar to dust.

Common area Second Floor
-The carpeting was brown in color and visibly stained throughout the entire common area.

On 09/02/2025, at approximately 2:00 PM, Surveyors interviewed Administrator A. Administrator A reported kitchen staff and facility staff had daily cleaning schedules and confirmed the code requirement. Administrator A reported s/he was not aware of the condition of the kitchen. Administrator A reported s/he would follow up with staff and maintenance to address

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N 481	Continued From page 6 the above-mentioned facility concerns. Administrator A reported all of the bathrooms were cleaned 3 times a day.	N 481		