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
	0018835	A. BUILDING: _____ B. WING _____	R-C 04/07/2026

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 04/07/2026, Surveyor conducted a complaint survey and verification visit at Dayton Care Center. AS a result, 2 of the 3 previous deficiencies were corrected. One of the 3 deficiencies will be recited (see SOD JF3C12, 09/02/2025). One of 1 complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{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 living environment was safe, clean, comfortable, and homelike. The facility kitchen still needed dusting and facility bathrooms still needed repairs. This had the potential to affect 69 of 69 residents. This is a repeat deficiency. See SOD JF3C12, dated 09/02/2025. Findings include: On 04/07/2026, at approximately 9:00 AM, Surveyor toured the facility with Administrator A	{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
	0018835	A. BUILDING: _____ B. WING _____	R-C 04/07/2026

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 481}	Continued From page 1 and observed the following: Eight Floor Bathroom - The wall behind the toilet had peeling and swollen paint from possible water damage. Sixth Floor Bathroom - The wall behind the toilet had peeling and swollen paint from possible water damage. Sixth Floor Shower room -The wall underneath the window ledge contained several deep craps in the plaster. Kitchen - 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, near the stove, was full of dark gray matter similar to dust. The wall located directly behind the purple fan contained dark gray matter similar to dust. - The round silver metal fan sitting, sitting on a shelf near the kitchen sink, was full of dark gray matter similar to dust. The wall located directly behind the silver metal fan contained dark gray matter similar to dust. - The entrance/exit door into the kitchen area contained dark gray matter similar to dust around the door trim. Refrigerator The top of the refrigerator contained a significant amount of gray matter similar to dust. Activity Room on the Second Floor -The carpeting was brown in color and visibly stained throughout the entire common area.	{N 481}		

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 04/07/2026

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 481}	Continued From page 2 On 04/07/2026, during the tour, Surveyor interviewed Administrator A. Administrator A disclosed the licensee hired an outside company to address all first-floor remodeling, which was completed at the end of March 2026. Administrator A reported the facility has 1 maintenance staff who is responsible for all maintenance needs within the facility. Administrator A received authorization to hire another maintenance staff; however, it has been difficult hiring another maintenance staff to assist. Surveyor inquired if some of the above issues could be outsourced to outside companies, like the first-floor remodeling. Administrator A would need to speak with the licensee prior to hiring an outside company to assist with additional repairs needed. On 04/07/2026 at approximately 9:30 AM, Surveyor interviewed kitchen Manager F. Kitchen Manager F disclosed staff try to dust the kitchen at least once a month, however, kitchen staff need to wait for maintenance to remove the fans before they can dust the fan and the wall located behind the fan.	{N 481}		