STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018751	A. BUILDING: _____ B. WING _____	R-C 11/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING - HAYWARD II	15497 PINEWOOD DRIVE 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 11/11/2025, Surveyor conducted a verification visit at Vitacare Living - Hayward II. Data was collected though 11/12/2025. Nineteen of 20 violations from Statement of Deficiency (SOD) JYPQ12 were corrected. One violation was identified and is a repeat deficiency. See SOD JYPQ12, dated 06/24/2025. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 0.	{N 000}		
{N 495}	83.45(1)(d) Hazards. Hazards. The CBRF shall maintain each building in good repair and free of hazards. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the CBRF (community based residential facility) maintained the building in good repair and free of hazards. This is a repeat violation. See Statement of Deficiency (SOD) JYPQ12, dated 06/24/2025. Findings include: The provider is licensed to care for 13 residents in the client groups developmentally disabled, terminally ill, advanced aged, irreversible dementia/Alzheimer's disease, and physically disabled. On 11/11/2025 at approximately 12:30 PM, Surveyor observed in the pantry/laundry room	{N 495}		

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

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{N 495}	Continued From page 1 area adjacent to the kitchen that the flooring underneath the washer and dryer had been replaced but the rest of the linoleum flooring had multiple areas that were cracked, peeling, and damaged. At approximately 12:45 PM, Surveyor asked Maintenance A if there were plans to replace the pantry/laundry room linoleum and s/he stated s/he was not aware of any plans. On 11/11/2025 at approximately 1:05 PM, Surveyor interviewed Regional Director (RD) B who stated replacement of the pantry/laundry room area flooring was their next step. RD B stated s/he wanted to ensure that they purchased the correct type of flooring as there were drains in the floor. RD B stated s/he was planning on picking up the replacement linoleum the following day and would have it installed in 7 days. The provider did not ensure the building was maintained in good repair and free of hazards.	{N 495}		