STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110539	A. BUILDING: _____ B. WING _____	R-C 08/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYBREAK INC WAUPUN	631 S MADISON ST WAUPUN, WI 53963

(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 08/22/2024, with information gathered through 08/23/2024, Surveyor conducted a verification visit at Daybreak Inc Waupun. Seven deficiencies identified. Five of the 7 deficiencies were repeat violations (see Statement of Deficiency (SOD) 6VPK11, SOD 6VPK12, SOD N55G11, and SOD M9VX12). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{N 000}		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure the facility and its operation complied with all laws governing a Community-Based Residential Facility (CBRF). The licensee did not comply with the order to comply with requirements and special orders that were outlined in a Notice and Order letter from the Department. Findings include: The provider received a regular license on 01/01/1996 as a class AA (ambulatory) CBRF able to serve up to 8 residents within the client groups alcohol/drug dependent, correctional	N 196		

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

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N 196	Continued From page 1	N 196		

clients, emotionally disturbed/mental illness and developmentally disabled.

On 08/22/2024, with information gathered through 08/23/2024, Surveyor conducted a verification visit at Daybreak Inc Waupun. Seven deficiencies identified.
N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws
N0243 83.21(1)-(3) All Employee Training. This is a repeat deficiency. See Statement of Deficiency (SOD) M9VX12, dated 01/18/2024.
N0386 83.35(3)(a) Comprehensive Individualized Service Plan. This is a repeat deficiency. See Statement of Deficiency (SOD) M9VX12, dated 01/18/2024.
N0389 83.35(3)(d) Service Plans Updated Annually Or On Changes. This deficiency is being cited for a fifth time. See Statement of Deficiency (SOD) 6VPK11, dated 04/09/2019, SOD 6VPK12, dated 09/14/2020, SOD N55G11 dated 06/02/2022, and SOD M9VX12, dated 01/18/2024.
N0391 83.35(3)f) Staff Access to Assessment and ISP. This is a repeat deficiency. See Statement of Deficiency (SOD) M9VX12, dated 01/18/2024.
N0392 83.35(4) Resident Satisfaction Evaluation. This is a repeat deficiency. See Statement of Deficiency (SOD) M9VX12, dated 01/18/2024.
N0408 83.37(1)(i) PRN Psychotropic Medication

Review of facility records documented previous survey event identifying noncompliance, as follows:

SOD M9VX12 - dated 01/18/2024

On 05/16/2024, a Statement of Deficiency (SOD) M9VX12 and a Notice and Order letter were

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N 196	Continued From page 2 issued to the licensee. Example 1: Order to Comply with Requirements The Notice and Order letter included the following: "Pursuant to Wis. Stat. § 50.03(5g)(b)3., effective immediately, the licensee shall comply with the requirements specified by Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 83 that establish the standards for the operation of the Community Based Residential Facility in order to protect and promote the health, safety and welfare of the residents. AS SOON AS PRACTICABLE AND WITHOUT DELAY, within 45 days of receipt of this notice, the licensee shall achieve and maintain substantial compliance with all requirements. All operational and resident records required as evidence of compliance with applicable rules will be available to department representatives upon request." On 01/18/2024, Surveyor conducted an onsite standard licensing survey and a verification visit of SOD M9VX11, which resulted in the following citations: 83.20(1)(a) Training To Be Department Approved 83.21(1)-(3) All Employee Training 83.25 Continuing Education - 83.28(4)(a) Resident Health Screening And Documentation 83.28(5) Temporary Service Plan 83.32(3)(h) Rights of Residents: Receive Medication 83.35(3)(a) Comprehensive Individualized Service Plan 83.35(3)(d) Service Plans Updated Annually Or On Changes 83.35(3)(f) Staff Access to Assessment And ISP	N 196		

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N 196	Continued From page 3 83.35(4) Resident Satisfaction Evaluation 83.35(5)(b) Annual Evaluation of Evacuation Limits 83.37(1)(a) Written Order For Medications, Supplements 83.45(3) Toxic Substances 83.47(2)(d) Fire Drills 83.47(2)(e) Other Evacuation Drills 83.59(1)(f) Exit Passageways, Stairways: Width Maintained Example 2 - Notice of Special Orders 1. Pursuant to Wis. Stat. §§ 50.03(5g)(b)3. and (b)6., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code § DHS 83.35(3)(d). That is, the CBRF shall develop a comprehensive individual service plan, and update when there is a change in needs, abilities, or condition, and at least annually based on an assessment. The licensee will develop (or review/revise) written procedures and staff training (as appropriate) to address: - An up to date, written, comprehensive assessment of all current residents, in all areas required by Wis. Admin. Code § DHS 83.35(1)(c). The assessments shall address potential safety risks associated with resident health conditions (e.g. skin injuries, choking, aggression, elopement, falls or other safety risks.), special diets, assistive devices, and behaviors, and include the least restrictive measures necessary to meet the resident's needs. -The timely development, completion, and revision of Individualized Service Plan (ISP) with specific individualized interventions. -The ISP review process shall include input from	N 196		

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N 196	Continued From page 4	N 196		

the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or legal representative shall sign the ISP acknowledging their involvement in, understanding of, and agreement with the ISP.

- All staff responsible for providing services to residents will review the resident's individualized service plan and will provide services in accordance with the plan.

A copy of the procedures required by Order # 1 will be maintained at the facility and made available to department representatives upon request.

Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.

On 08/22/2024, from approximately 9:30 AM to 11:30 AM, Surveyor conducted an on-site verification visit and requested resident ISP documentation, along with staff training records. Manager B stated s/he did not have access to that documentation and would contact Administrator A to forward that documentation to Surveyor by 4:00 PM on 08/22/2024. Manager B stated Administrator A stated s/he had not received SOD M9VX12. Surveyor verified the email with Manager B who stated that was the correct email. Surveyor verified the documentation in the Department file which documented that SOD M9VX12 had been delivered successfully to the email on file with the Department.

As of 08/23/2024 at 5:00 PM, Surveyor did not

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N 196	Continued From page 5 receive any additional documentation.	N 196		
{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 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	{N 243}		

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{N 243}	Continued From page 6 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 source record review and interview the provider did not ensure Caregiver E, obtained all training as required within 90 days after starting employment. This is a repeat deficiency. See Statement of Deficiency (SOD) M9VX12, dated 01/18/2024. Caregiver E did not have training in resident rights, training in recognizing, preventing, managing, and responding to challenging behaviors, or training in required client groups within 90 days after starting employment. Findings include: The facility was licensed to provide care and services to residents within the client groups of emotionally disturbed/mental illness, alcohol/drug dependent, developmentally disabled, and correctional clients. On 08/22/2024, Surveyor reviewed Caregiver E's record. Caregiver E's record, who was hired 10/24/2022, did not contain evidence of training or evidence of meeting an exemption for resident rights, challenging behaviors training, or client group	{N 243}		

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{N 243}	Continued From page 7 training. On 08/22/2024 at approximately 11:30 AM, Surveyor shared findings with Manager B. Manager B stated s/he did not have access to Caregiver E's record and could not confirm if s/he had completed the required training. Manager B stated s/he would inform Licensee/Administrator A that s/he needed to forward that documentation to the Surveyor by 4:00 PM on 08/22/2024. As of 08/23/2024 at 5:00 PM, Surveyor did not receive any documentation or communication. On 08/24/2024 at 2:30 PM, Surveyor emailed Licensee/Administrator A the findings of the survey. Surveyor stated if s/he had any concerns or comments, to please contact the Surveyor. As of 08/26/2024 at 5:00 PM, Surveyor did not receive any comments or concerns.	{N 243}		
{N 386}	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care.	{N 386}		

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{N 386}	Continued From page 8 This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 1 of 1 resident (Resident 8) had a comprehensive individual service plan (ISP) within 30 days after admission. This is a repeat deficiency. See Statement of Deficiency (SOD) M9VX12, dated 01/18/2024. Findings include: The provider is licensed to care for up to 8 residents in the client groups: alcohol/drug dependent, correctional clients, emotionally disturbed/mental illness and developmentally disabled. On 08/22/2024, at approximately 10:50 AM, Surveyor and Manager B observed Resident 8's as-needed (PRN) psychotropics Lorazepam and Hydroxyzine Pamoate in the medication closet. Surveyor noted the blister card of Lorazepam and Hydroxyzine Pamoate did not document what the medication was prescribed for. Manager B stated they were prescribed for Resident 8's anxiety. Surveyor requested Resident 8's record. Resident 8 was admitted to the facility 06/11/2024. Resident 8's record did not contain an individual service plan. On 08/22/2024 at approximately 11:30 AM, Surveyor shared findings with Manager B. Manager B stated Resident 8's ISP was probably	{N 386}		

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{N 386}	Continued From page 9 on Licensee/Administrator A's computer, which s/he did not have access to. Surveyor stated the ISP needed to be emailed to Surveyor by 4:00 PM on 08/22/2024. Manager B stated s/he would message Licensee/Administrator A and inform him/her that the ISP needed to be forwarded to Surveyor. As of 08/23/2024 at 5:00 PM, Surveyor did not receive any documentation or communication. On 08/24/2024 at 2:30 PM, Surveyor emailed Licensee/Administrator A the findings of the survey. Surveyor stated if s/he had any concerns or comments, to please contact the Surveyor. As of 08/26/2024 at 5:00 PM, Surveyor did not receive any comments or concerns. Cross Reference: N0408 DHS 83.37(1)(i) PRN Psychotropic Medication	{N 386}		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.	{N 389}		

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{N 389}	Continued From page 10	{N 389}		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 of 2 resident Individual Service Plans (ISP) were reviewed annually and/or when there was change in a resident's needs, abilities or physical or mental condition.

This deficiency is being cited for a fifth time. See Statement of Deficiency (SOD) 6VPK11, dated 04/09/2019, SOD 6VPK12, dated 09/14/2020, SOD N55G11 dated 06/02/2022, and SOD M9VX12, dated 01/18/2024.

Resident 1's ISP was not updated annually. Resident 6's ISP was not updated to reflect his/her elopement risk.

Findings include:

The provider is licensed to care for up to 8 residents in the client groups: alcohol/drug dependent, correctional clients, emotionally disturbed/mental illness and developmentally disabled.

On 08/22/2024, Surveyor reviewed Resident 1's and Resident 6's record.

Example 1: Resident 1

Resident 1 was admitted on 03/28/2022. Resident 1's available ISP, during the survey on 01/18/2024, was dated 09/11/2022. Resident 1's record did not contain an ISP.

On 08/22/2024 at approximately 11:30 AM, Surveyor shared findings with Manager B. Manager B stated Resident 1's ISP was probably

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{N 389}	Continued From page 11	{N 389}		

on Licensee/Administrator A's computer, which s/he did not have access to. Surveyor stated the ISP needed to be emailed to Surveyor by 4:00 PM on 08/22/2024. Manager B stated s/he would message Licensee/Administrator A and inform him/her that the ISP needed to be forwarded to Surveyor.

As of 08/23/2024 at 5:00 PM, Surveyor did not receive any documentation or communication.

On 08/24/2024 at 2:30 PM, Surveyor emailed Licensee/Administrator A the findings of the survey. Surveyor stated if s/he had any concerns or comments, to please contact the Surveyor.

As of 08/26/2024 at 5:00 PM, Surveyor did not receive any comments or concerns.

Example 2: Resident 6

Resident 6 was admitted to the facility on 10/09/2023.

Resident 6's progress notes documented:
"07/05/2024: stated s/he was not happy and sick of everything. Stated [s/he] wanted to start using drugs again and once [s/he] was out of here [s/he] would and as long as [s/he] stayed out of trouble the law won't care."
"07/24/2024: ... received information during appointment ... caused [his/her] therapist to have [him/her] in inpatient."
"07/29/2024: Arrived back at house at 1:30 PM
"08/07/2024: Writer received call from [staff] who drove group to [city]; staff reported that [Resident 6] 'took off and [police] were contacted. ... Received a call at about 8:45 PM ... Staff spoke with [Resident 6]. ... [Administrator A] informed staff to call non-emergency. [Manager B] told

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{N 389}	Continued From page 12 staff to update crisis. ... [Resident 6] returned with the officer; [Resident 6] admitted that [s/he] used THC ..." "08/21/2024: [Resident 6] left [provider] for [his/her] therapy appt (appointment). After approx. (approximately) 90 min (minutes) writer got a call from [staff] stating [Resident 6] went AWOL (absent without official leave) from [health care center]." On 08/22/2024 at approximately 11:30 AM, Surveyor shared findings with Manager B. Manager B stated Resident 6's ISP was probably on Licensee/Administrator A's computer, which s/he did not have access to. Surveyor stated the ISP needed to be emailed to Surveyor by 4:00 PM on 08/22/2024. Manager B stated s/he would message Licensee/Administrator A and inform him/her that the ISP needed to be forwarded to Surveyor. As of 08/23/2024 at 5:00 PM, Surveyor did not receive any documentation or communication. On 08/24/2024 at 2:30 PM, Surveyor emailed Licensee/Administrator A the findings of the survey. Surveyor stated if s/he had any concerns or comments, to please contact the Surveyor. As of 08/26/2024 at 5:00 PM, Surveyor did not receive any comments or concerns.	{N 389}		
{N 391}	83.35(3)(f) Staff access to assessment and ISP Availability. All employees who provide resident care and services shall have continual access to the resident ' s assessment and individual service plan.	{N 391}		

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{N 391}	Continued From page 13 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all employees, who provide resident care and services, shall have continual access to the residents' assessments and individual service plan (ISP). This is a repeat deficiency. See Statement of Deficiency (SOD) M9VX12, dated 01/18/2024. Findings include: On 08/22/2024, from approximately 9:30 AM to 11:30 AM, Surveyor reviewed Resident 1's, Resident 6's, and Resident 8's record. Resident 1 was admitted to the facility on 03/28/2022. Resident 1's record did not include an ISP. Resident 6 was admitted to the facility on 10/09/2023. Resident 6's record did not include an ISP. Resident 8 was admitted to the facility on 06/11/2024. Resident 8's record did not include an ISP. On 08/22/2024 at approximately 11:30 AM, Surveyor shared findings with Manager B. Manager B stated Resident 1's, Resident 6's, and Resident 8's ISPs were probably on Licensee/Administrator A's computer, which s/he did not have access to. Surveyor stated the ISPs needed to be emailed to Surveyor by 4:00 PM on 08/22/2024. Manager B stated s/he would message Licensee/Administrator A and inform him/her that the ISPs needed to be forwarded to Surveyor.	{N 391}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110539	A. BUILDING: _____ B. WING _____	R-C 08/26/2024

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{N 391}	Continued From page 14 As of 08/23/2024 at 5:00 PM, Surveyor did not receive any documentation or communication. On 08/24/2024 at 2:30 PM, Surveyor emailed Licensee/Administrator A the findings of the survey. Surveyor stated if s/he had any concerns or comments, to please contact the Surveyor. As of 08/26/2024 at 5:00 PM, Surveyor did not receive any comments or concerns. Cross Reference: N0304 DHS 83.28(5) Temporary Service Plan N0386 DHS 83.35(3)(a) Comprehensive Individualized Service Plan N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes	{N 391}		
{N 392}	83.35(4) Resident satisfaction evaluation. Satisfaction evaluation. At least annually, the CBRF shall provide the resident and the resident ' s legal representative the opportunity to complete an evaluation of the resident ' s level of satisfaction with the CBRF ' s services. The evaluation shall be completed on either a department form or a form developed by the CBRF and approved by the department. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure that a Resident Satisfaction Survey was completed for all residents since the date of the last survey, 01/18/2024. This is a repeat deficiency. See Statement of Deficiency (SOD) M9VX12, dated 01/18/2024.	{N 392}		

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{N 392}	Continued From page 15 Findings include: On 08/22/2024, Surveyor requested the Resident Satisfaction Survey that had been sent out to the residents and/or resident representatives since the last onsite survey. Manager B stated s/he was not aware of a resident satisfaction survey being sent out. Manager B stated s/he would reach out to Licensee/Administrator A. Surveyor stated the documentation needed to be submitted to the Surveyor by 4:00 PM on 08/22/2024. As of 08/23/2024 at 5:00 PM, Surveyor did not receive any additional documentation. On 08/24/2024 at 2:30 PM, Surveyor emailed Licensee/Administrator A the findings of the survey. Surveyor stated if s/he had any concerns or comments, to please contact the Surveyor. As of 08/26/2024 at 5:00 PM, Surveyor did not receive any comments or concerns.	{N 392}		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary	N 408		

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N 408	Continued From page 16	N 408		

to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given.

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not ensure 1 of 1 resident's record included the rationale for use and the effectiveness of the medication.

Resident 8 was prescribed Hydroxyzine Pamoate and Lorazepam. His/her record did not indicate the rationale for the medication and if the medication was effective when administered.

Findings include:

On 08/22/2024, at approximately 10:50 AM, Surveyor and Manager B observed Resident 8's as-needed (PRN) psychotropics Lorazepam and Hydroxyzine Pamoate in the medication closet. Surveyor noted the blister card of Lorazepam and Hydroxyzine Pamoate did not document what the medications were prescribed for. Manager B stated they were prescribed for Resident 8's anxiety. Surveyor asked how staff knew which medication to administer. Manager B stated, based on the medication labels, s/he would need to contact Resident 8's physician and request clarification, as they did not document what the medication was prescribed for and if when to administer which medication. Surveyor requested Resident 8's record.

Resident 8 was admitted to the facility

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N 408	Continued From page 17 06/11/2024. Resident 8's August 2024 Medication Administration Record (MAR) documented: "Lorazepam (PRN) - 1MG (milligram) 2x/day (2 times per day)" Administered with no documented rationale or effectiveness: 08/01 - 8:00 AM, 4:00 PM 08/02 - 8:00 AM, 1:00 PM 08/03 - 8:00 AM, 4:00 PM 08/04 - 8:00 AM, 4:00 PM 08/05 - 8:00 AM 08/06 - 8:00 AM, 12:30 PM 08/07 - 8:00 AM, 12:30 PM 08/08 - 8:00 AM, 4:00 PM 08/09 - 8:00 AM, 3:00 PM 08/10 - 8:00 AM, 1:30 PM 08/12 - 8:25 AM 08/13 - 8:00 AM, 5:30 PM 08/14 - 8:00 AM, 1:00 PM 08/15 - 8:00 AM, 4:00 PM 08/16 - 8:00 AM, 4:00 PM 08/17 - 8:00 AM 08/18 - 8:00 AM 08/19 - 8:00 AM, 3:05 PM 08/20 - 8:00 AM 08/21 - 8:00 AM, 11:50 AM 08/22 - 8:00 AM "Hydroxyzine PAM (pamoate) 25 MG - 1x/day" Administered with no documented rationale or effectiveness: 08/04 - 8:00 PM 08/11 - 8:45 PM 08/13 - 9:00 PM 08/20 - 9:55 AM 08/21 - 8:30 AM Cross Reference: N0386 DHS 83.35(3)(a)	N 408		

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N 408	Continued From page 18 Comprehensive Individualized Service Plan	N 408		