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 03/11/2025

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 03/07/2025, with information gathered through 03/11/2025, Surveyor conducted a verification visit at Daybreak Inc Waupun. Six deficiencies identified. Six of the 6 deficiencies were repeat violations (see Statement of Deficiency (SOD) 6VPK11, SOD 6VPK12, SOD N55G11, SOD M9VX12, and SOD M9VX13). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 5	{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 clients, emotionally disturbed/mental illness and developmentally disabled. On 03/07/2025, with information gathered through 03/10/2025, Surveyor conducted a verification visit at Daybreak Inc Waupun. Six deficiencies identified. N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws. This is a repeat deficiency. See Statement of Deficiency (SOD) M9VX13, dated 08/26/2024. N0387 83.35(3)(b) Service Plan Development: Parties Involved. This is a repeat deficiency. See SOD N55G11, dated 06/02/2022. N0389 83.35(3)(d) Service Plans Updated Annually Or On Changes. This deficiency is being cited for a sixth 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, and SOD M9VX13, dated 08/26/2024. 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, and SOD M9VX13, dated 08/26/2024. N0392 83.35(4) Resident Satisfaction Evaluation. This is a repeat deficiency. See Statement of Deficiency (SOD) M9VX12, dated 01/18/2024, and SOD M9VX13, dated 08/26/2024. N0408 83.37(1)(i) PRN Psychotropic Medication. This is a repeat deficiency. See Statement of Deficiency (SOD) M9VX13, dated 08/26/2024. Review of facility records documented previous survey events identifying noncompliance, as follows: -SOD M9VX13 - dated 08/26/2024	{N 196}		

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{N 196}	Continued From page 2 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. N0386 83.35(3)(a) Comprehensive Individualized Service Plan. N0389 83.35(3)(d) Service Plans Updated Annually Or On Changes. N0391 83.35(3)f) Staff Access to Assessment and ISP. N0392 83.35(4) Resident Satisfaction Evaluation. N0408 83.37(1)(i) PRN Psychotropic Medication On 11/04/2024, a Statement of Deficiency (SOD) M9VX13 and a Notice and Order letter were issued to the licensee which documented: 1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., the licensee shall ensure each resident receives proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. WITHIN 45 DAYS of receipt of this notice, the licensee will develop (or review/revise) written procedures and staff training (as appropriate) to address: Assessment and Care Planning -Procedures to ensure the timely development, completion and revision of comprehensive, individualized services plans that identify the resident's needs and desired outcomes; detail the program services, frequency and approaches the CBRF will provide; establish measurable goals with specific time limits for attainment, and; specify methods for delivering needed care and who is responsible for delivering the care. Training will be documented in personnel records	{N 196}		

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{N 196}	Continued From page 3 and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content. A copy of the procedures required by Order # 1 will be maintained at the facility and made available to department representatives upon request. 2. Pursuant to Wis. Stat. § 50.03(5g)(b)6., WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and the case manager (if any) for each current resident with a copy of Statement of Deficiency (SOD) M9VX13 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the Department, to verify compliance with Order #2. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager. Required evidence will be made available to the Department representatives upon request. -SOD M9VX12 - dated 01/18/2024 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	{N 196}		

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{N 196}	Continued From page 4 On Changes 83.35(3)(f) Staff Access to Assessment And ISP 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 On 05/16/2024, a Statement of Deficiency (SOD) M9VX12 and a Notice and Order letter were issued to the licensee which documented: 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.	{N 196}		

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{N 196}	Continued From page 5 -The ISP review process shall include input from 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 03/07/2025, at approximately 12:00 PM, Surveyor interviewed Manager B. Surveyor asked if the Special Orders identified in the Notice and Order letter, dated 11/04/2024, had been completed. Manager B stated, "[Licensee A] does not share the SOD's with me, so I do not know what requirements are needed." Manager B stated s/he would contact Licensee A regarding the Special Orders. On 03/08/2025 at 10:32 AM, Surveyor emailed Licensee A and requested the documentation that showed the Special Orders identified in the Notice and Order letter, dated 11/04/2024, had been completed. As of 03/11/2025 at 5:00 PM, Surveyor did not receive any additional documentation.	{N 196}		

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N 387	Continued From page 6	N 387		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident's individual service plan (ISP) was signed by the resident or resident's legal representative acknowledging their involvement in, understanding of, and agreement with the plan for 4 of 4 residents (Resident 8, Resident 9, Resident 10, and Resident 11) reviewed. Census was 5. This is a repeat deficiency. See SOD N55G11, dated 06/02/2022. Findings include: On 03/07/2025, at approximately 11:20 AM, Surveyor requested Resident 8's, Resident 9's,	N 387		

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N 387	Continued From page 7	N 387		

Resident 10's, and Resident 11's ISP with signature page from Manager B. Manager B stated s/he would email Licensee A for those documents.

On 03/07/2025 at 12:53 PM, Licensee A forwarded Surveyor Resident 8's, Resident 9's, Resident 10's, and Resident 11's ISP.

Resident 8, who admitted to the facility 06/11/2024, is his/her own person.
Resident 8's ISP, dated 06/11/2024, was not signed by Resident 8 or the provider.

Resident 9, who admitted to the facility, 11/14/2024, has a legal guardian (Guardian-D) who signed Resident 1's admission agreement on 01/04/2021.
Resident 1's ISP, undated, was not signed by Administrator-A, Resident 1 or Guardian-D.

Resident 10, who admitted to the facility, 05/18/2023,
Resident 10's, ISPs dated 07/25/2023 and 01/24/2024, were not signed

Resident 11, who admitted to the facility, 02/12/2024,
Resident 11's, ISP, dated 02/12/2024, was not signed

On 03/07/2025 at 2:44 PM, Surveyor emailed Licensee A and stated there were no signature pages included with the submitted ISPs.

On 03/08/2025 at 10:32 AM, Surveyor emailed Licensee A and requested the ISP signature pages be submitted by 03/10/2025 at 11:00 AM.

As of 03/11/2025 at 5:00 PM, Surveyor did not

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N 387	Continued From page 8 receive any additional documentation.	N 387		
{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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 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 sixth 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, and SOD M9VX13, dated 08/26/2024. Resident 1's ISP was not updated annually. Findings include:	{N 389}		

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{N 389}	Continued From page 9 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 03/07/2025, Surveyor reviewed Resident 1's record provided by Manager B. Manager B stated s/he was providing the records that were currently available for Resident 1. Resident 1 was admitted on 03/28/2022. Resident 1's ISP, undated and unsigned, only contained a date of 03/28/2022, next to each entry on the ISP. On 03/07/2025 at 2:44 PM, Surveyor emailed Licensee A and stated there were no signature pages included with the submitted ISPs. On 03/08/2025 at 10:32 AM, Surveyor emailed Licensee A and requested the ISP signature pages be submitted by 03/10/2025 at 11:00 AM. As of 03/11/2025 at 5:00 PM, Surveyor did not receive any additional documentation. Cross Reference: N0391 DHS 83.35(3)f) Staff Access to Assessment and ISP	{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. This Rule is not met as evidenced by: Based on record review and interview, the	{N 391}		

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{N 391}	Continued From page 10 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, and SOD M9VX13, dated 08/26/2024. Findings include: On 03/07/2025, at approximately 11:30 AM, Surveyor requested Resident 1's, Resident 8's, and Resident 9's individual service plans from Manager B. Manager B stated Resident 1's, Resident 8's, and Resident 9's current ISPs were on Administrator A's computer, which s/he did not have access to. Manager B reviewed the resident binders and located an ISP for Resident 1 which was dated 09/11/2022. Cross Reference: N0389 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	{N 392}		

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{N 392}	Continued From page 11 residents since the date of the last survey, 08/26/2024. This is a repeat deficiency. See Statement of Deficiency (SOD) M9VX12, dated 01/18/2024, and M9VX13, dated 08/26/2024. Findings include: On 03/07/2025, at approximately 11:45 AM, Surveyor requested the Resident Satisfaction Survey that had been sent out to the residents and/or resident representatives since the last onsite survey from Manager B. Manager B stated s/he was not aware of a resident satisfaction survey being sent out and Licensee A would be responsible for that process. On 03/08/2025 at 10:32 AM, Surveyor emailed Licensee A and requested the most recent resident satisfaction survey sent out to the residents be submitted by 03/10/2025 at 11:00 AM. As of 03/11/2025 at 5:00 PM, Surveyor did not receive any additional documentation.	{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	{N 408}		

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{N 408}	Continued From page 12 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 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. This is a repeat deficiency. See Statement of Deficiency (SOD) M9VX13, dated 08/26/2024. Resident 8 was prescribed Hydroxyzine HCL (hydrochloride). His/her record did not indicate the rationale for the medication. Findings include: On 03/07/2025, at approximately 11:45 AM, Surveyor and Manager B observed Resident 8's as-needed (PRN) psychotropic Hydroxyzine HCL 25 MG (milligram) in the medication closet. One blister card, dispensed 12/20/2024, take one capsule by mouth at bedtime as needed, with 25 of 30 tablets remaining. One blister card, dispensed 01/16/2025, take 1 tablet by mouth three times a day as needed for anxiety/sleep, with 30 of 30 tablets remaining. On 03/07/2025, Surveyor reviewed Resident 8's	{N 408}		

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DAYBREAK INC WAUPUN	631 S MADISON ST WAUPUN, WI 53963

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{N 408}	Continued From page 13 record. Resident 8 was admitted to the facility, 06/11/2024, with diagnoses including schizoaffective disorder, anxiety disorder and attention-deficit hyperactive disorder (ADHD). Resident 8's January, February, and March 2025 Medication Administration Records, dated 01/01/2025 to 03/07/2025, (MAR) documented: "Hydroxyzine PAM (pamoate) Cap (capsule) 25 MG 2/day for anxiety: 01/03 - 6:15 PM - Anxiety 01/07 - 2:55 PM - Anxiety 01/16 - 3:45 PM - Anxiety 01/18 - 11:15 PM - Sleep 01/19 - 2:00 PM - Anxiety 01/22 - 3:37 PM - Anxiety 01/23 - 9:00 PM - Sleep 01/24 - 8:00 PM - Sleep Surveyor noted 8 medication administrations were documented when only 5 tablets were removed from the blister card. On 03/07/2025, at approximately 1:00 PM, Surveyor interviewed Manager B. Surveyor asked for clarification as to when Resident 8's PRN Hydroxyzine was to be administered. Manager B explained that staff had been trained to document why Resident 8 requested the medication. Manager B stated, "[Resident 8] is [his/her] own person and [s/he] knows that [s/he] has been prescribed the medication and why, so [s/he] will say I am anxious." Resident 8's "Individual Service Plan (ISP)," dated 06/11/2024, documented: "Controlled, supervised self-administration medication regimen"	{N 408}		

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 03/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{N 408}	Continued From page 14 "Psychiatric med mgt (management) by [county]." The ISP did not identify the PRN Hydroxyzine and the rationale for the medication. Cross Reference: N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes Cross Reference: N0387 DHS 83.35(3)(b) Service Plan Development: Parties Involved	{N 408}		