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 08/29/2025

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 08/12/2025, with information gathered through 08/29/2025, Surveyor conducted a standard licensure survey, a verification visit, and a complaint investigation at Daybreak Inc Waupun. Eleven deficiencies identified. Seven of the 11 deficiencies were repeat violations (see Statement of Deficiency (SOD) N55G11, SOD 6VPK11, SOD 6VPK12, SOD HY8411, SOD M9VX12, SOD M9VX13, and SOD M9VX14). Complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 5	{N 000}		
N 163	83.12(4)(a) Reporting when resident's whereabouts unknown A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time a resident ' s whereabouts are unknown, except those instances when a resident who is competent chooses not to disclose his or her whereabouts or location to the CBRF, the CBRF shall notify the local law enforcement authority immediately upon discovering that a resident is missing. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies or persons recovering from substance abuse. This Rule is not met as evidenced by: Based on record review and interview, the	N 163		

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

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N 163	Continued From page 1	N 163		

provider did not report to the Department within 3 days when a resident's (Resident 8) whereabouts was unknown on 04/26/2025.

Findings include:

On 07/24/2025, the Department received a complaint regarding multiple police calls to the facility related to residents who were missing from the home or related to behavioral incidents resulting in police intervention.

On 08/18/2025, Surveyor reviewed Resident 8's record.

Resident 8 moved into the facility 06/11/2024.

Resident 8's daily notes documented that on 04/26/2025 s/he had left the facility around 3:30 PM and at 10:40 PM staff still were not aware of Resident 8's location.

On 08/18/2025, at approximately 1:00 PM, Surveyor interviewed Licensee A and Manager B. Surveyor asked if a written report had been submitted to the department regarding Resident 8's elopement. Manager B stated that Resident 8 did not want to return to the facility, and s/he was transported to an acute unit for mental health. Licensee A stated s/he could not remember if a written report had been submitted.

On 08/20/2025, Surveyor reviewed the Department facility file and did not observe a written report regarding Resident 8's elopement on 04/26/2025.

On 08/29/2025, Surveyor reviewed Resident 8's law enforcement record provided by the local police department which documented:

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N 163	Continued From page 2 04/26/2025 at 4:28 PM - [Resident 8] was allowed a half hour of free time starting at 3:30 PM but had not returned to the group home by 4:00 PM. At approximately 10:30 PM, a State Patrol Trooper in Dodge County reported that [s/he] was out with a subject matching the description of our walkaway as reported ... subject was identified as [Resident 8]. Cross Reference: N0388 83.35(3)(c) Implement, Follow the Individual Service Plan	N 163		
{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 provider 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 clients, emotionally disturbed/mental illness and developmentally disabled.	{N 196}		

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{N 196}	Continued From page 3 On 08/12/2025, with information gathered through 08/29/2025, Surveyor conducted a standard licensure survey, a verification visit, and a complaint investigation at Daybreak Inc Waupun. Eleven deficiencies, including this one, were identified. -N0163 83.12(4)(a) Reporting When Residents Whereabouts Unknown -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, and SOD M9VX14, dated 03/11/2025. -N0302 83.28(4)(a) Resident Health Screening and Documentation. This is a repeat deficiency. See SOD M9VX12, dated 01/18/2024. -N0310 83.29(2) Admission Agreement Include Services, Charges. This is a repeat deficiency. See SOD N55G11, dated 06/02/2022. -N0356 83.33(3)(l) Rights of Residents: Least Restrictive Env -N0381 83.35(1)(a) Pre-Admission and Ongoing Assessments -N0387 83.35(3)(b) Service Plan Development: Parties Involved. This is a repeat deficiency. See SOD N55G11, dated 06/02/2022, and SOD M9VX14, dated 03/11/2025. -N0389 83.35(3)(c) Service Plans Updated Annually Or On Changes. This deficiency is being cited for a seventh time. See Statement of Deficiency (SOD) 6VPK11, dated 04/09/2019, SOD 6VPK12, dated 09/14/2020, SOD N55G11 dated 06/02/2022, SOD M9VX12, dated 01/18/2024, SOD M9VX13, dated 08/26/2024, and SOD M9VX14, dated 03/11/2025. -N0391 83.35(3)f) Staff Access to Assessment and ISP. This deficiency is being cited for a third time. See SOD M9VX12, dated 01/18/2024; SOD M9VX13, dated 08/26/2024; and SOD	{N 196}		

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{N 196}	Continued From page 4 M9VX14, dated 03/11/2025. -N0408 83.37(1)(i) PRN Psychotropic Medication. This deficiency is being cited for a third time. See SOD M9VX13, dated 08/26/2024, and SOD M9VX14, dated 03/11/2025. -N0432 83.38(1)(h) Medication Administration Review of facility records documented previous survey events identifying noncompliance, as follows: -SOD M9VX14 - Dated 03/11/2025 On 03/07/2025, with information gathered through 03/11/2025, Surveyor conducted a verification visit at Daybreak Inc Waupun. Six deficiencies were 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 SOD 6VPK11, dated 04/09/2019; SOD 6VPK12, dated 09/14/2020; SOD N55G11 dated 06/02/2022; 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 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 SOD M9VX12, dated 01/18/2024, and SOD M9VX13, dated 08/26/2024. N0408 83.37(1)(i) PRN Psychotropic Medication.	{N 196}		

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{N 196}	Continued From page 5 This is a repeat deficiency. See SOD M9VX13, dated 08/26/2024. On 11/04/2024, a Statement of Deficiency (SOD) M9VX13 and a Notice and Order letter were issued to the licensee which documented: Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b), EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Daybreak Inc. Waupun: CONSULTANT REQUIRED 1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., EFFECTIVE IMMEDIATELY, the licensee shall ensure the provision of services to meet residents' physical and mental health needs. The licensee will correct identified deficiencies in consultation with a registered nurse (RN), not currently affiliated with the licensee, at the licensee's expense. The RN will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 83, Wis. Stat. ch. 50) and knowledge of the client groups served by Daybreak Inc Waupun. Consultation will include the development (or revision) of written procedures and staff training (as appropriate) to address: Assessment and Service Plan -All required written resident assessments will be retained in resident records, in accordance with Wis. Admin. Code § DHS 83.35(1)(d). -All staff responsible for assisting in resident assessment will be trained on assessment procedures. - The timely development, completion, and revision of individualized services plans. The ISP review process shall include input from the	{N 196}		

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{N 196}	Continued From page 6	{N 196}		

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.

Medication Management and Administration
-Including how the facility will: document medication orders, medication administration, and missed/refused doses; administer medications to ensure residents receive medications at the intervals and dosages prescribed; prevent medication errors; respond to medication errors if they occur; monitor for adverse side effects; ensure medications are securely stored; monitor for adverse side effects; discontinue and dispose of medications; and document and maintain proof of use record for schedule II drugs. Refer to: https://www.dhs.wisconsin.gov/regulations/assisted-living/mmi.htm

The licensee will provide the RN with a copy of the Statement of Deficiency (SOD) M9VX14, along with this Notice and Order letter prior to providing consultation services.

Additionally:
- All managers and resident care staff (as appropriate) will receive in-service training regarding the facility's written procedures required by Order #1.
- Training will be documented in employee files and will include the date/duration of training, the signature/qualifications of the instructor, and an

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{N 196}	Continued From page 7 outline of course content. - Consultation activities, including dates of consultation, will be documented, signed and dated by the consultant. - A copy of the written procedures and all documentation as evidence of meeting the requirements in Order #1 will be 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) M9VX14 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 M9VX13 - dated 08/26/2024 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.	{N 196}		

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{N 196}	Continued From page 8 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 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,	{N 196}		

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{N 196}	Continued From page 9 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 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	{N 196}		

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{N 196}	Continued From page 10 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. -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.	{N 196}		

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{N 196}	Continued From page 11 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 08/18/2025, at approximately 1:00 PM, Surveyor interviewed Licensee A. Surveyor discussed the concern that the provider was not following the special orders being issued as the deficiencies continue to not be corrected. Licensee A stated, "I don't always receive the SOD's." Surveyor stated this concern had been discussed during the previous survey and Licensee A did not respond to Surveyor via email or telephone. Manager B had confirmed that the SOD's had been forwarded to the correct email. Licensee A stated s/he would like to update the provider agreement to include the office email to ensure the SODs are reviewed timely.	{N 196}		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record.	N 302		

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N 302	Continued From page 12 This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure 1 of 2 residents (Resident 12) was screened for communicable disease including tuberculosis (TB). This is a repeat deficiency. See SOD M9VX12, dated 01/18/2024. Findings include: On 08/12/2025, Surveyor reviewed Resident 12's record. Resident 12 moved into the facility 06/12/2025. Resident 12's record contained documentation that stated a TB test had been given on 06/10/2025, but the results of the test were not available. Resident 12's "Communicable Illness Screening, Information, and Referral," dated 06/12/2025, was not signed by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse. On 08/18/2025, at approximately 12:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would reach out to Resident 12's previous placement to determine if a communicable disease screen and TB test had been completed.	N 302		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the	N 310		

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(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 310	Continued From page 13	N 310		

prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 3 of 3 resident (Resident 8, Resident 11, Resident 12) admission agreements included the rate being charged for

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N 310	Continued From page 14 services covered in the agreement and what method of payment would be accepted. This is a repeat deficiency. See Statement of Deficiency (SOD) N55G11, dated 06/02/2022. Findings include: On 08/12/2025, Surveyor reviewed Resident 8's, Resident 11's, and Resident 12's record. Resident 8 moved into the facility 06/11/2024 and was his/her own person. Resident 8's admission agreement, dated 03/05/2025, did not document the rate being charged for services covered in the agreement and what method of payment would be accepted. Resident 11 moved into the facility 02/12/2024 and was his/her own person. Resident 11's admission agreement did not document the rate being charged for services covered in the agreement and what method of payment would be accepted. Resident 12 moved into the facility 06/12/2025 and was his/her own person. Resident 12's admission agreement was not dated, did not identify the resident name, did not document the rate being charged for services covered in the agreement nor what method of payment would be accepted. On 08/18/2025, at approximately 12:00 PM, Surveyor interviewed Licensee A. Licensee A stated the admission agreements should have been accurately filled out.	N 310		

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N 356	Continued From page 15	N 356		
N 356	83.32(3)(l) Rights of Residents: Least restrictive env In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Least restrictive environment. Have the least restrictive conditions necessary to achieve the purposes of the resident ' s admission. The CBRF may not impose a curfew, rule or other restriction on a resident ' s freedom of choice. This Rule is not met as evidenced by: Based on record observation, record review and interview, the provider did not ensure 3 of 3 residents that their resident rights were not imposed on. Resident 8's ISP documented s/he was to be supervised when visiting friends or family when there were no restrictive measures ordered. Resident 8, Resident 10, and Resident 12 resident rights were restricted with curfews and smoke schedules. 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. Example 1: Resident 8 On 07/24/2025, the Department received a complaint regarding multiple police calls to the	N 356		

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N 356	Continued From page 16	N 356		

facility related to residents who were missing from the home or related to behavioral incidents resulting in police intervention.

On 08/18/2025, at approximately 1:00 PM, Surveyor reviewed Resident 8's record with Licensee A and Manager B.

Resident 8 moved into the facility on 06/11/2024 with diagnoses including schizoaffective disorder, generalized anxiety disorder, attention deficit hyperactivity disorder and substance abuse.

Resident 8's ISP, dated 06/11/2024, documented:
"Psychiatric Symptomology: Monitor activities outside of Daybreak, supervised friends and family visits only at present."
"Supervision: Capable of self-supervision. Needs some supervision; decision making, self-structuring time."

Resident 8's daily notes documented:
04/26/2025 - Writer came in at 3PM ... [Resident 8] came down asking for a walk at 3:30 PM. Writer said sure since [s/he] took one on 1st shift and came back with no problems. At 3:45 PM staff member (who was not working) called and stated if [Resident 8] should be walking [s/he] saw [him/her] by the rock river school. Writer told staff [s/he] has 15 minutes. ... Police officer came here got some info ... [Resident 8's] [family member called back around 6:20 PM Writer told [him/her] what's going on and [s/he] was upset ... [Resident 8's] [family member] came back at 9 PM seeing if [Resident 8] returned. Writer told [him/her] if [s/he] comes back we will call you right away. ... As of 10:40 PM, no call or sign of [Resident 8]."
05/10/2025 - [Resident 8] asked if [his/her] dad could come to visit at 4:00 PM briefly.

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N 356	Continued From page 17 05/13/2025 - [Family Member] stopped by at about 5:55 PM to go for a short walk with [Resident 8]. Got back on time and spent some time talking outside with [his/her] [family member]. 05/21/2025 - Went to an appointment in morning and [his/her] [family member] brought [him/her] back from appointment. 06/06/2025 - Staff asked if [s/he] was feeling okay [s/he] stated [s/he] didn't want to talk about it. Let staff know [s/he] was leaving at 9:15 AM to run errands with [his/her] [mother/father]. 06/14/2025 - Writer went to call [Resident 8] to assist in garden. Nowhere to be found. Peer stated [s/he] observed [Resident 8] holding hands with [Resident 10] and exiting facility. Writer unable to locate on main street. Police notified. On 08/18/2025, at approximately 1:00 PM, Surveyor interviewed Licensee A and Manager B. Surveyor requested clarification on the language in Resident 8's ISP where it stated that s/he was to be supervised during friends and family visits and activities monitored outside of facility; the daily notes did not identify who was supervising when Resident 8 was with family and friends, and s/he was allowed to leave the facility unsupervised. Licensee A stated Resident 8's ISP should have been updated as Resident 8 did not need to be supervised during visits. Licensee A stated that when Resident 8 moved in, there had been concerns with the family dynamics, so some precautions had been put into place. Surveyor asked for clarification on how staff monitor Resident 8 outside of the facility. Licensee A stated, "If we are unable to convince a resident to come back to the facility then we are going to call law enforcement for assistance. These residents are protectively placed or a Chapter 51 commitment; there are guidelines	N 356		

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they have to follow. We usually give them like 15 or 20 minutes." Surveyor stated that on 04/26/2025, there was documented confusion on whether Resident 8 should have been allowed to walk independently from the facility. Surveyor asked for clarification if Resident 8 was allowed to be unsupervised when away from the facility. Licensee A stated the residents were part of a residential program and there were requirements they must follow. Surveyor asked if staff were required to implement the plan identified in Resident 8's ISP. Licensee A stated the ISP was not reviewed with staff.

On 08/29/2025, Surveyor reviewed Resident 8's law enforcement encounters provided by the local police department which documented:
04/26/2025 at 4:28 PM - [Resident 8] was allowed a half hour of free time starting at 3:30 PM but had not returned to the group home by 4:00 PM. At approximately 10:30 PM, a State Patrol Trooper in Dodge County reported that [s/he] was out with a subject matching the description of our walkaway as reported ... subject was identified as [Resident 8].
06/14/2025 - [Licensee A] called stating two residents of the group home [Resident 8] and [Resident 10] left on foot approximately 30 minutes ago without telling anyone. ...suspicious activity complaint located [address] where dispatch advised two subjects were knocking on the complainant's house windows. ...I responded to the aforementioned address to which I observed [Resident 8] and [Resident 10].

Example 2: Curfews and Smoke Breaks

On 08/18/2025, at approximately 12:15 PM, Surveyor observed Resident 10 and Resident 12 have a scheduled smoke break.

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N 356	Continued From page 19 On 08/18/2025, at approximately 1:30 PM, Surveyor, Licensee A and Manager B reviewed Resident 8's, Resident 10's and Resident 12's record. Surveyor reviewed the "Resident Guidelines" for each record which documented: "Curfew will be 11:00 PM Sunday through Thursday. Curfew on Friday and Saturday is 12 Midnight. Residents are expected to remain in their bedroom between 12 Midnight and 6 AM unless special needs arise." "Smokers - Smoking is not permitted inside the facility at any time. The only designated smoking areas on the grounds are as follows ... Smokers must empty and wash their ashtrays and must never leave lit cigarettes unattended. ..." Surveyor and Licensee A discussed the "Resident Guidelines." Surveyor stated the document did not address scheduled smoke breaks. Licensee A provided Surveyor with the smoke schedule and stated staff are to document when each resident participates in a scheduled smoke break. Surveyor asked for clarification on how residents knew there was a restrictive curfew when Resident 10 and Resident 12 did not have a signed "Resident Guideline." Licensee A stated it was a part of the treatment plan that the potential residents are aware of prior to moving into the facility. Surveyor asked for documentation showing that these restrictive measures were explained/identified with Resident 10 and Resident 12, and they agreed to them. Licensee A stated they agreed to them when they agreed to move into the facility.	N 356		

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N 381	Continued From page 20	N 381		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an assessment for 2 of 2 residents physical and mental condition was completed when there was a change in needs. Resident 10 had 4 elopements since admission on 01/24/2024. Resident 12 had 3 elopements between 06/12/2025 and 08/20/2025 requiring police intervention to return Resident 12 to the facility. The 08/20/2025 incident involved Resident 12 walking into an individual's home and being arrested. 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	N 381		

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N 381	Continued From page 21 disabled. On 07/24/2025, the Department received a complaint regarding multiple police calls to the facility related to residents who were missing from the home or related to behavioral incidents resulting in police intervention. On 08/12/2025, at approximately 11:30 AM, Surveyor interviewed Manager B. Manager B stated Resident 10 and Resident 12 had been known to leave the home and law enforcement had been contacted to locate them. Example 1: Resident 10 On 08/12/2025, Surveyor reviewed Resident 10's record. Resident 10 was admitted to the facility on 01/24/2024 with diagnoses including schizoaffective disorder, bipolar, and low intellectual functioning. Resident 10's "Individual Service Plan (ISP)," dated 05/20/2025, documented: "Needs some supervision; activities of daily living (ADLs), med management, financial management, decision making." "Capacity for self-care: Independent with prompts" The ISP did not document Resident 10's supervision requirements outside of the facility and if s/he was an elopement risk. Resident 10's record did not contain an elopement risk assessment. On 08/18/2025, at approximately 1:00 PM, Surveyor interviewed Licensee A and Manager B.	N 381		

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N 381	Continued From page 22 Surveyor reviewed Resident 10's ISP with Licensee A and Manager B and explained that Resident 10's ISP did not identify his/her required supervision levels outside of the facility and if s/he was an elopement risk. Licensee A stated the residents in the home were protectively placed and/or under Chapter 51. Surveyor asked for clarification if Resident 10's protective placement order and/or Chapter 51 commitment order identified restrictions on his/her supervision requirements outside of the home. Licensee A stated s/he would need to review the documentation but reiterated that residents must agree to the residential program that is provided before they are allowed to move into the facility. Surveyor requested Resident 10's signed residential program agreement and his/her elopement risk assessment. As of 08/29/2025, Surveyor did not receive any additional documentation. On 08/29/2025, Surveyor reviewed Resident 10's law enforcement encounters provided by the local police department which documented: 01/25/2024 - Dispatch advised the Reporting Party, [Manager B], was a worker at the group home and called stating a chaptered resident [Resident 10], walked out of the home approximately 20 minutes ago. 09/03/2024 - Resident left on foot without permission. [S/he] is there on commitment. Left at least 20 minutes ago. 07/22/2025 - [Resident 10] had walked away from Daybreak, which was a group home and [Resident 10] was reported to be on a court order to remain at Daybreak. I was later informed this was not the first time [Resident 10] has done this and there have been several instances in the past of [him/her] leaving the group home. ...	N 381		

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N 381	Continued From page 23 [Caregiver F] stated [Resident 10] had a habit of walking away from group home at times and this day [s/he] had left approximately 30 - 60 minutes before dispatch was notified. [Resident 10] typically walked down to a nearby prison and asked the staff for help. 07/29/2025 - I advised dispatch that I recently passed [Resident 10] on East Main Street, near the 800 block and would turn around and attempt contact. I did not initially make contact with [Resident 10] as the group home allows residents to go out around the city at times. Example 2: Resident 12 On 08/18/2025, Surveyors reviewed Resident 12's record. Resident 12 moved into the facility on 06/12/2025. On 08/18/2025, at approximately 11:20 AM, Licensee A and Surveyor reviewed Resident 12's ISP, dated 06/12/2025, which documented: "Needs some supervision - med management, self care, decision making" "Capacity for self care - Independent" "Dishonesty/Theft/Potential for Verbal/Physical Aggression - All offenses shall result in applying over correction principles; including, restitution, apologies, referral to appropriate legal authorities, self-report to [care manager]." The ISP did not identify that Resident 12 was an elopement risk or that s/he could not leave the facility without supervision. Resident 12's record did not contain an elopement assessment.	N 381		

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N 381	Continued From page 24	N 381		

Licensee A stated that it is a requirement of the residential program that Resident 12 will follow the laid-out guidelines. Surveyor asked for a copy of the residential program that Resident 12 had signed.

Surveyor was provided with Resident 12's unsigned "Resident Guidelines" which documented:
"You are required to follow your treatment plan while at Daybreak. Failure to comply with your treatment plan objectives may result in receiving consequences or an incident report. Repeated refusal to comply may result in dismissal from Daybreak."
"Residents must make arrangements with the Program Manager or staff on duty if they intend to leave the grounds. Resident must sign out when leaving the grounds and verbally notify the staff person on duty that they are leaving. ..."

Surveyor and Licensee A discussed the "Resident Guidelines." Surveyor stated the document did not address when a resident would be considered an elopement risk. Licensee A stated law enforcement would be contacted if staff were unable to locate the resident when they left the home in an aggressive or distressed manner and more than approximately twenty minutes had passed. Licensee A stated s/he would review resident records to determine if assessments were required to update the ISP to ensure they included all guidelines required of the residential program and that they were reviewed with the resident and/or resident representative.

On 08/29/2025, Surveyor reviewed Resident 12's law enforcement encounters provided by the local police department which documented:
06/15/2025 - [Resident 12] is on a commitment

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N 381	Continued From page 25 and left about 10 minutes ago. 06/27/2025 - [Resident 12] left from this address. Said [s/he] was going to leave to meet someone at the church. Said [s/he] was going to the church and would be right back so caller thought [s/he] may break into the church but isn't sure. 07/10/2025 - Resident left the group home on foot approximately 10 minutes prior to the call. On 08/29/2025, Surveyor reviewed a written report submitted to the Department by the provider which documented: 08/20/2025 - [Resident 12] became agitated with [Licensee A] when [Licensee A] encouraged resident to participate in the evening recreational activity (watching a movie). [Resident 12] stated, "I'm out of here" and left the facility. [Licensee A] encouraged [Resident 12] to return to facility to no avail. [Licensee A] directed [Caregiver H] to monitor for [his/her] return while [Licensee A] continued to encourage return. [Licensee A] requested [Caregiver H] to call police if [Resident 12] did not return in a short period of time. [Licensee A] received call from [Caregiver I] stating [Resident 12] had walked into [his/her] personal residence. Law enforcement had been contacted. [Resident 12] was arrested and charged with trespassing. [Resident 12's] care team was notified to develop a plan going forward. Cross Reference: -N0387 DHS 83.35(3)(b) Service Plan Development: Parties Involved. -N0389 DHS 83.35(3)(c) Service Plans Updated Annually Or On Changes.	N 381		
{N 387}	83.35(3)(b) Service plan development: parties involved	{N 387}		

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{N 387}	Continued From page 26 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 1 of 1 resident (Resident 12) reviewed. This is a repeat deficiency. See Statement of Deficiency (SOD) N55G11, dated 06/02/2022, and SOD M9VX14, dated 03/11/2025. Findings include: On 08/12/2025, Surveyors reviewed Resident 12's record. Resident 12 moved into the facility on 06/12/2025	{N 387}		

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	110539	A. BUILDING: _____ B. WING _____	R-C 08/29/2025

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{N 387}	Continued From page 27 and was his/her own person. Resident 12's record did not contain a comprehensive ISP. On 08/18/2025, at approximately 10:40 AM, while Surveyor was onsite, Surveyor requested Resident 12's ISP from Licensee A. Licensee A stated s/he would need to go to his/her office, which was next door, and print it from his/her computer. On 08/18/2025, at approximately 11:20 AM, Licensee A and Surveyor reviewed Resident 12's provided ISP, which was not signed by Resident 12, and was dated 06/12/2025. Surveyor asked Licensee A for clarification on whether or not Resident 12 had reviewed his/her ISP with the provider. Licensee A stated the ISPs are not utilized and staff followed the residential program plan. Surveyor asked for a copy of the residential program that Resident 12 had signed. Surveyor was provided with Resident 12's unsigned "Resident Guidelines." Licensee A stated the "Resident Guidelines" should have been signed and s/he would follow up on that. Surveyor reviewed the unsigned "Resident Guidelines" with Licensee A and asked for clarification as to how the document could be considered the individualized service plan for Resident 12, as it did not identify care guidelines but outlined the program rules. Licensee A stated, "We do not utilize the ISP, we communicate with each other, the ISP is not reviewed."	{N 387}		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when	{N 389}		

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{N 389}	Continued From page 28 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 3 resident's Individual Service Plans (ISP) was reviewed when there was a change in a resident's needs, abilities or physical or mental condition. This deficiency is being cited for a seventh time. See Statement of Deficiency (SOD) 6VPK11, dated 04/09/2019, SOD 6VPK12, dated 09/14/2020, SOD N55G11 dated 06/02/2022, SOD M9VX12, dated 01/18/2024, SOD M9VX13, dated 08/26/2024, and SOD M9VX14, dated 03/11/2025. Resident 8's ISP was not updated to reflect that s/he was an elopment 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.	{N 389}		

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{N 389}	Continued From page 29 On 07/24/2025, the Department received a complaint regarding multiple police calls to the facility related to residents who were missing from the home or related to behavioral incidents resulting in police intervention. On 08/12/2025, at approximately 11:30 AM, Surveyor interviewed Manager B. Surveyor asked how many residents currently resided in the facility. Manager B stated "Technically 5, but [Resident 8] was currently hospitalized." Surveyor discussed the concern filed with the Department with Manager B. Manager B stated that Resident 8 had eloped on different occasions from the home and had been involved with law enforcement at the facility due to [Resident 8] calling law enforcement when they were in 'crisis' mode. Manager B stated the last incident was 06/14/2025 which resulted in a Chapter 51 committment to a mental health facility. Manager B stated Resident 8 would be returning to the facility this week. On 08/18/2025, at approximately 1:30 PM, Surveyor, Licensee A and Manager B reviewed Resident 8's record. Resident 8 was admitted to the facility on 06/11/2024. Resident 8's "Individual Service Plan (ISP)," dated 06/11/2024, documented: "Capable of self supervision. Needs some supervision; decision making, self-structuring time." The ISP did not identify that Resident 8 was an elopement risk and guidelines for staff to ensure Resident 8's safety.	{N 389}		

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{N 389}	Continued From page 30 On 08/18/2025, at approximately 1:00 PM, Surveyor interviewed Licensee A and Manager B. Surveyor asked for clarification on how staff monitor Resident 8 outside of the facility. Licensee A stated, "If we are unable to convince a resident to come back to the facility then we are going to call law enforcement for assistance. These residents are protectively placed or a Chapter 51 commitment; there are guidelines they have to follow. We usually give them like 15 or 20 minutes." Surveyor stated that on 04/26/2025, there was documented confusion on whether Resident 8 should have been allowed to walk independently from the facility. Surveyor asked for clarification if Resident 8 was allowed to be unsupervised when away from the facility as it was not identified in his/her ISP. Licensee A stated the residents were part of a residential program and there were requirements they must follow. Licensee A stated the ISP was not reviewed with staff as communication was conducted verbally. On 08/29/2025, Surveyor reviewed Resident 8's law enforcement record provided by the local police department which documented: 07/19/2024 - Left about 2130 (9:30 PM) - Does have [his/her] cell phone but it is going straight to VM (voicemail). Staff had left message on [Resident 8's] VM saying he had 20 mins (minutes) to get back to the house or [s/he] was calling police. 22:45 (10:45 PM) - [Resident 8] was located and returned to facility. 04/26/2025 at 4:28 PM - [Resident 8] was allowed a half hour of free time starting at 3:30 PM but had not returned to the group home by 4:00 PM. At approximately 10:30 PM, a State Patrol Trooper in Dodge County reported that [s/he] was out with a subject matching the description of our walkaway as reported ... subject was identified	{N 389}		

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{N 389}	Continued From page 31 as [Resident 8].	{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 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 deficiency is being cited for a third time. See Statement of Deficiency (SOD) M9VX12, dated 01/18/2024, SOD M9VX13, dated 08/26/2024, and SOD M9VX14, dated 03/11/2025. Findings include: On 08/12/2025, Surveyor reviewed Resident 12's record. Resident 12 moved into the facility 06/12/2025. On 08/12/2025, at approximately 12:30 PM, Surveyor requested Resident 12's individual service plan from Manager B. Manager B stated Resident 12's current ISP was located on Administrator A's computer, which s/he did not have access to. On 08/18/2025, at approximately 1:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed that Resident 12's ISP had not been available to staff. Licensee A stated, "Staff don't	{N 391}		

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{N 391}	Continued From page 32 read the ISPs. We communicate. We talk to each other."	{N 391}		
{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 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. The provider did not ensure 1 of 1 resident's record was monitored 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 to	{N 408}		

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{N 408}	Continued From page 33 the intended use. This deficiency is being cited for a third time. See Statement of Deficiency (SOD) M9VX13, dated 08/26/2024, and SOD M9VX14, dated 03/11/2025. Resident 11 was prescribed Hydroxyzine HCL (hydrochloride) and his/her record did not indicate the rationale for the administration of the medication. Resident 11's PRN Hydroxyzine HCL was not monitored monthly to determine appropriate use of the medication was being followed. Findings include: On 08/12/2025, at approximately 12:45 PM, Surveyor and Manager B observed Resident 11's blister card of as-needed (PRN) psychotropic Hydroxyzine HCL 50 MG (milligram) in the medication closet. The blister card, dispensed 12/13/2024, documented, "Take 1 tablet by mouth every 6 hours as needed for anxiety," with 15 of 30 tablets remaining. On 08/12/2025, Surveyor reviewed Resident 11's record. Resident 11 was admitted to the facility, 02/12/2024, with diagnoses including schizophrenia, generalized anxiety and borderline personality disorder. Resident 11's Medication Administration Records (MARs), dated 05/01/2025 through 08/01/2025, documented: "Hydroxyzine HCL (hydrochloride) Tab (tablet) 50 MG (milligram) - Take 1 tablet by mouth every 6 hours as needed for anxiety."	{N 408}		

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{N 408}	Continued From page 34 Documented as administered: 05/08/2025 - Anxiety 05/23/2025 - Anxiety 05/24/2025 - Anxiety 06/01/2025 - Anxiety 06/13/2025 - Anxiety 06/23/2025 - Anxiety 07/07/2025 - Anxiety 07/21/2025 - Anxiety On 08/12/2025, at approximately 1:15 PM, Surveyor interviewed Manager B. Surveyor asked for clarification on what behaviors Resident 11 displayed that justified the administration of his/her PRN Hydroxyzine. Manager B stated, "Often times [Resident 11] will just ask for it, stating [s/he] is feeling anxious." Surveyor asked who was responsible for the monthly monitoring of the PRN medication to ensure the medication was being appropriately administered. Manager B stated, "I am not sure. I guess that would be my responsibility." Manager B explained that s/he would implement a process to ensure monthly monitoring of PRN psychotropic medications would be completed. Resident 11's "Individual Service Plan (ISP)," dated 04/07/2025, documented: "Psychiatric med management by [doctor name]. Controlled, supervised self-administration medication regimen." The ISP did not identify the PRN Hydroxyzine and the rationale for the medication. Resident 11's "Self-Administration of Medication Assessment," dated 02/14/2024, documented: "To comprehend what was read on the medication bottle - No" "To correctly count the medication from the bottle for accurate administration - No"	{N 408}		

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{N 408}	Continued From page 35 "To record in some fashion the dose administration - No" "Resident has adequate cognitive ability to understand and follow through with self-administration of medication - [Resident 11] suffers from scattered thoughts and some auditory stimuli. Writer believes this may be disruptive." On 08/12/2025, at approximately 12:00 PM, Surveyor interviewed Manager B. Surveyor reviewed Resident 11's ISP with Manager B and explained that Resident 11's Hydroxyzine was not listed or the rationale for administration of the medication. Manager B stated that Licensee A was responsible for the development of the ISPs. On 08/18/2025, at approximately 1:00 PM, Surveyor interviewed Licensee A. Surveyor reviewed Resident 11's ISP with him/her and explained that Resident 11's Hydroxyzine was not listed or the rationale for administration of the medication. Licensee A stated, "I was told by a previous surveyor that if a resident asks for their PRN, then we are to give them their PRN."	{N 408}		
N 432	83.38(1)(h) Medication administration. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs.	N 432		

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N 432	Continued From page 36	N 432		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure staff were able to provide medication administration appropriate to 1 of 1 resident's needs.

Resident 11's expired 'as needed' (PRN) medications were stored with current medications and had been administered.

Findings include:

On 08/12/2025, at approximately 12:45 PM, Surveyor and Manager B reviewed the medication closet and observed Resident 11's blister card of PRN Hydroxyzine, with an expiration date of 06/12/2025.

On 08/12/2025, Surveyor reviewed Resident 11's record.

Resident 11 moved into the facility 02/12/2024.

Resident 11's Medication Administration Records (MARs), dated 06/01/2025 through 08/01/2025, documented:
"Hydroxyzine HCL (hydrochloride) Tab (tablet) 50 MG (milligram) - Take 1 tablet by mouth every 6 hours as needed for anxiety."
Documented as administered 06/13, 06/23, 07/07 and 07/21, which was after the expiration date.

On 08/12/2025, at approximately 12:00 PM, Surveyor interviewed Manager B. Surveyor and Manager B reviewed Resident 11's blister card of Hydroxyzine. Manager B stated the medication had expired. Surveyor asked for Resident 11's

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N 432	Continued From page 37 current physician order for his/her PRN Hydroxyzine. Manager B looked through Resident 11's record and stated s/he was unable to locate a current physician order, but had located Resident 11's quarterly reviews of the medication. Manager B stated s/he would contact Resident 11's primary care physician and get a current physician order. Cross Reference: N0408 DHS 83.37(1)(i) PRN Psychotropic Medication	N 432		