STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016370	A. BUILDING: _____ B. WING _____	C 04/10/2026

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NEW DAY MANITOWOC	2210 DUFEK DRIVE MANITOWOC, WI 54220

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N 000	Initial Comments On 04/08/2026, with information gathered through 04/10/2026, Surveyor conducted a standard survey and 1 complaint investigation at New Day in Manitowoc. One (1) of 1 complaint was substantiated. As a result of the survey, 4 deficiencies were issued. Census: 32	N 000		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties.	N 239		

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

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N 239	Continued From page 1	N 239		

This Rule is not met as evidenced by:
Based on interview and record review, the provider did not ensure 1 of 2 employees (Caregiver C) reviewed obtained all department approved training as required.

Caregiver C, who had responsibilities that would create exposure to blood, body fluids or other moist body substances, did not have training in standard precautions prior to assuming these duties.

Findings include:

On 04/08/2026, Surveyor conducted a review of 2 employees to verify compliance with department approved training requirements. Surveyor requested training records from Executive Director A for Caregiver C.

The record for Caregiver C, hired 01/08/2025, did not contain evidence of training or evidence of meeting an exemption for standard precautions.

On 04/08/2026, Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry for standard precautions.

On 04/08/2026, at approximately 2:00 PM, Surveyor interviewed Executive Director A and LPN (Licensed Practical Nurse) B. LPN B confirmed Caregiver C performs job tasks that may expose the employee to blood or other bodily fluids. Executive Director A stated upon hire Caregiver C had provided a certificate from a trainer indicating s/he received the training for

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N 239	Continued From page 2 standard precautions, however, was unable to locate the certificate at this time. Executive Director A stated s/he knew Caregiver C was not on the training registry but was told as long as s/he had the certificate that would be sufficient. Executive Director A was unable to locate the training certificate during the course of the survey. On 04/09/2026, Executive Director A sent an email indicating s/he signed up Caregiver C for standard precautions training for the upcoming Monday so Caregiver C would be on the registry.	N 239		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide medication administration appropriate to the resident's needs for 1 of 2 (Resident 1) residents reviewed. Resident 1's January and February 2026 MAR (Medication Administration Record) indicated Resident 1 did not receive 7 medications from	N 432		

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N 432	Continued From page 3 01/29/2026 through 02/05/2026. The reason given as not received on the MAR stated, "medication not available" or "hold per doctor's orders." Resident 1's record did not contain current physician orders to refill the prescriptions timely. Findings Include: On 02/06/2026, the department received a complaint regarding medication administration. On 04/08/2026, Surveyor conducted a review of Resident 1's resident record. Resident 1 was admitted to the facility on 01/02/2026 with the following diagnoses, vascular dementia, anxiety, adult failure to thrive, nutritional anemia, depression, hypertensive heart disease without heart failure, type 2 diabetes mellitus and myelodysplastic syndrome. Resident 1's record indicated the following physician's orders: *Duloxetine HCl 30mg (milligrams) capsule give 60mg by mouth at 8PM *Enalapril Maleate 5mg tablet give 1 tablet by mouth at 8AM *Glipizide 10mg tablet give 1 tablet by mouth at 8AM *Metformin HCl 1000mg tablet give 1 tablet by mouth two times a day at 8AM and 8PM *Metoprolol Tartrate 25mg tablet give 1 tablet by mouth two times a day at 8AM and 8PM *Multivitamin give 1 tablet by mouth once a day at 8AM *Vitamin D3 125mcg (micrograms) (5000 UT(units)) give 125mcg by mouth once a day at 8AM On 04/08/2026, Surveyor conducted a review of Resident 1's January and February 2026 MAR.	N 432		

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N 432	Continued From page 4 The following dates and times were marked "medication not available" or "hold per doctor's orders" with staff initials. *01/29/2026 through 02/04/2026 - 8PM dose of Duloxetine and Metoprolol *01/30/2026 through 02/04/2026 - 8PM dose of Metformin *01/29/2026 through 02/05/2026 - 8AM dose of Enalapril, Glipizide, Metformin, Metoprolol, Multivitamin and Vitamin D3 Surveyor reviewed Resident 1's observation notes and noted the following: *On 02/04/2026 a staff member wrote: "Around 4:45pm staff went into resident's room to get [him/her] ready to come down for dinner. Resident told staff that [s/he] was unable to walk anymore and didn't feel like coming down for dinner. Staff tried convincing resident to come down for dinner and resident repeatedly said no. Staff asked if resident would like dinner in [his/her] room and resident agreed. As the night went on resident had a very difficult time with getting up off the toilet, getting into and out of bed and seemed very difficult to walk. Nurse/ED [Executive Director] was notified. Will continue to monitor." *On 02/05/2026 a staff member wrote: "Around 11am another staff member came up to writer asking for help transferring this resident because [s/he] was unable to get off of the toilet. Staff 2-assisted resident with a gait belt to help [him/her] stand up. During lunch time another staff member was bringing the resident down in a wheelchair & the facility nurse came over and said that the resident was going to be sent out to [hospital]. The nurse spoke with [Resident 1's] [family member] and felt that it was best to send [him/her] out via ambulance."	N 432		

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N 432	Continued From page 5 *On 02/06/2026 a staff member wrote: "Hospital called to give staff an update on resident. Hospital stated that when [Resident 1] arrived at the hospital [his/her] blood sugar was in the 600's. But they were able to give [him/her] medication to bring it down and [s/he] was doing a lot better. So, the hospital was wanting to DC[discharge] [him/her] so [s/he] could come back to the facility. They stated that they would prescribe [him/her] medication and dispense it from there[sic] pharmacy at the hospital, but it would not be everything that [s/he] needed since they don't have everything a main pharmacy would. But they would do their best to get us what we needed to last [him/her] through the weekend as well as then [s/he] would have something for when [s/he] arrived back to the facility." Surveyor reviewed Resident 1's hospital discharge summary dated 02/10/2026. The following was noted: *Resident 1 was admitted to the hospital on 02/05/2026 for hyperosmolar hyperglycemic state. Resident 1 receives recurrent blood transfusions every 5-6 weeks at an outpatient clinic. The summary notes that Resident 1 "has been out of all medications other than Lantus and [his/her] eyedrops since 01/28/2026 because [his/her] old physician retired and they have not been able to get new prescription orders yet. [S/he] was brought to [hospital] ED[emergency department] via EMS[emergency services] from assisted living facility for the chief complaint of high blood sugar, weakness. ED Dr [doctor] consulted our IM[internal medicine] team and we decided to admit [him/her] in ICU[intensive care unit] for better management and treatment." On 04/08/2026 at 11:30AM, Surveyor interviewed LPN (Licensed Practical Nurse) B. LPN B stated	N 432		

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N 432	Continued From page 6 Resident 1 was admitted with a 30 day supply of medications from previous living arrangement. LPN B stated staff noticed Resident 1 was diabetic but there were no orders for diabetic supplies like a glucometer. LPN B stated s/he called Resident 1's physician who prescribed the medications and was told the physician would not write orders for refills of the medications because the physician is no longer seeing Resident 1. LPN B stated s/he then called the in-house physician group to have Resident 1 seen by a physician from that group. The in-house physician group wouldn't see Resident 1 until they received permission from Resident 1's HCPOA(health care power of attorney). Resident 1's original HCPOA was very difficult to get ahold of, so LPN B had to reach out to Resident 1's alternate HCPOA who was able to get in touch with the original HCPOA. The in-house physician group received written confirmation from the original HCPOA that s/he no longer wished to serve as Resident 1's HCPOA, leaving the alternate HCPOA to serve. LPN B stated Resident 1 is now currently enrolled with the in-house physician group and was just seen today. LPN B confirmed during this time, Resident 1 did go several days without medications and was hospitalized.	N 432		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance	N 525		

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N 525	Continued From page 7	N 525		

needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure quarterly fire drills were conducted with both employees and residents including holding one fire evacuation drill annually that simulates the conditions during usual sleeping hours in calendar years 2024 and 2025.

Findings include:

The facility is licensed as a Class CNA (nonambulatory) CBRF (Community Based Residential Faciity) to provide services for up to 44 residents who may be advanced aged, terminally ill and/or have irreversible dementia and/or Alzheimer's.

On 04/08/2026, Surveyor requested the fire evacuation drills for the years 2024, 2025 and 2026 from Executive Director A.

Executive Director A provided Surveyor with documentation. The following was noted:
-No fire drill conducted in the 2nd, 3rd and 4th quarters for 2024
-No fire drill conducted in the 3rd and 4th quarters for 2025
-No fire drills were conducting in 2024 and 2025

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N 525	Continued From page 8 to simulate nighttime sleeping hours. On 04/08/2026 at approximately 2:00 PM, Surveyor interviewed Executive Director A. Executive Director A stated s/he was in the process of contacting maintenance to see if s/he had additional fire drills. On 04/10/2026, Executive Director A sent an email to Surveyor verifying they do not have any further documentation of fire drills being conducted in 2024 and 2025. Executive Director A stated they will keep better record keeping at the facility.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure tornado, flooding, or other emergency or disaster evacuation drills were conducted at least semi-annually for years 2024 and 2025. Findings Include: The facility is licensed as a Class CNA (nonambulatory) CBRF (Community Based Residential Faciity) to provide services for up to 44 residents who may be advanced aged, terminally ill and/or have irreversible dementia and/or Alzheimer's. On 04/08/2026, Surveyor requested copies of	N 526		

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N 526	Continued From page 9 other disaster drills (tornado, flooding or other emergency evacuation drills) for years 2024 and 2025. On 04/08/2026 at 2:00 PM, Surveyor interviewed Executive Director A who indicated s/he would talk with maintenance department to see if they had records of other disaster drills being conducted. On 04/10/2026, Surveyor received an email from Executive Director A verifying they did not have records of other disaster drills conducted in 2024 and 2025 and would keep better records at the facility in the future.	N 526		