STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018835	A. BUILDING: _____ B. WING _____	C 03/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYTON CARE CENTER	521 59TH STREET KENOSHA, WI 53140

(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 03/20/2025 with information gathered through 03/24/2025, Surveyor conducted three complaint investigations at Dayton Care Center, a Community-Based Residential Facility (CBRF) in Kenosha, WI. Three deficiencies identified. Two of 3 complaints substantiated. Census: 77	N 000		
N 161	83.12(3)(a) Investigate injuries of unknown source. Investigating injuries of unknown source. A CBRF shall investigate any of the following: 1. An injury that was not observed by any person. 2. The source of an injury to a resident that cannot be adequately explained by the resident. 3. An injury to a resident that appears suspicious because of the extent of the injury or the location of the injury on the resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not investigate an injury of unknown source that was not observed by any person for Resident 1. Resident 1 was found with injuries to his/her face and needed to be sent out to the emergency room (ER). Findings include: On 03/20/2025, Surveyor requested to review Resident 1's record. Resident 1 had an incident report dated 02/17/2025 at 9:15 AM. The incident report	N 161		

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

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N 161	Continued From page 1 stated the following: -"Date of event: 02/17/2025, Location of Occurrence: [His/her room], Was EMT personnel called: Yes, Please provide a brief description of incident: Staff observed injuries to residents face (floor/rug burns). Resident had blood on shirt and in [his/her] floor in [his/her] room indicating a nose bleed." On 03/20/2025 at approximately 1:00 PM, Surveyor interviewed Administrator A about the incident. Administrator A stated Resident 1 was not able to tell staff what had happened to him/her. Administrator A stated staff thought maybe Resident 1 went out the night before and got in an altercation with someone and then came home and that is how staff found him with the floor/rug burn and blood on his shirt and floor. Surveyor asked Administrator A if s/he had conducted an investigation on the incident due to none of the staff or resident being able to identify what had happened to Resident 1 and how s/he was injured. Administrator A stated no s/he did not. Surveyor asked Administrator A if Resident 1 was able, alert and oriented and Administrator A stated yes s/he was and would have been able to tell them what happened if s/he was asked.	N 161		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered.	N 352		

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N 352	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 2 and Resident 3) reviewed received all prescribed medications in the dosage and at the intervals prescribed by a practitioner. Resident 2 and Resident 3 received double doses of his/her PM medications. Findings include: On 03/20/2025, at approximately 10:30 AM, Surveyor reviewed Resident 2's record. Resident 2's Incident Report dated 09/24/2024 at bedtime stated the following: "-Please provide a brief description of incident: Resident was accidentally given night time meds twice, 2 doses of Coreg, Atorvastatin and Hydralazine. Resident was told right away, head nurse called. Resident stated [s/he] felt "fine", no complaints of dizziness, weakness. BP checked 4 times. On 03/20/2025, at approximately 11:00 AM, Surveyor reviewed Resident 3's record. Resident 3's Incident Report dated 03/11/2025 stated the following: "-Please provide a brief description of incident: Resident questioned [his/her] meds and was shown another cup to show they were the same but then [s/he] ended up taking the second cup. Resident received 2 doses of 8:00 PM meds as follows: Buspar 20 milligrams (mg), Atorvastatin 20 mg, Clonidine 0.3 mg, Seroquel 200 mg and Trazodone 50 mg. Resident refuses to have doctor or any one contacted. Resident stated [s/he] did this once when living on [his/her] own and had no adverse effect." "-Please describe actions taken to prevent further incident and protect health and safety of all:	N 352		

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N 352	Continued From page 3 when showing someone meds for any reason if not giving them for the resident to take hold on to the cup of meds you are not giving." On 03/20/2025, at approximately 2:00 PM, Surveyor interviewed Administrator A and Business Office Manger C. Administrator A acknowledged Resident 2 and Resident 3 received more medications than prescribed. Administrator A and Business Office Manager C stated they are working on fixing their medication system from the last survey with a new medication system and a new pharmacy.	N 352		
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 observation, record review and interview, the provider did not ensure each resident's right to the least restrictive environment by implementing that all resident's had to come down to the medication room window to receive his/her medications. Resident 4 was not brought his/her medications to his/her room when s/he was not feeling well because it was facility policy that resident's come down to the medication room window to receive their prescribed medications.	N 356		

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N 356	Continued From page 4 Findings include: On 02/07/2025, the Department received a complaint alleging the provider refused to deliver medications to Resident 4's room because s/he has to come down to the medication room to receive his/her medications. On 03/20/2025 at 10:03 AM, Surveyor requested to review Resident 4's record. Surveyor identified the following: -Resident 4's Medication Administration Record (MAR) for March 2025 on 03/04/2025 and 03/14/2025 was initialed and circled. The reason on the back for no passing the medications stated the following: -"03/04/2025 0820 no show meds" -"03/15/2025 0800 no show meds" On 03/20/2025 at approximately 10:15 AM, Surveyor interviewed Licensed Practical Nurse (LPN) D and LPN E. LPN E stated they are to come down to the medication room to receive their medications but sometimes they do not so they will miss their medications. LPN D stated s/he could not recall the exact circumstance with Resident 4 but sometimes when residents are not feeling well, they will take the medications to the resident. LPN D stated the facility also does not have medication carts to go to everybody's room to pass their medications. On 03/20/2025 at approximately 2:00 PM, Surveyor interviewed Administrator A and Business Office Manager (BOM) C. Administrator A and BOM C acknowledged resident's have the right to stay in his/her room and staff are still responsible to pass the medications. Administrator A and BOM C	N 356		

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N 356	Continued From page 5 acknowledged it could not be a house rule that all resident's had to come down to the medication room window for their medications. Administrator A and BOM C stated they are currently working on a new system and process since the last survey they had.	N 356		