STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110532	A. BUILDING: _____ B. WING _____	R-C 06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAYBREAK INC HORICON	822 E WALNUT ST HORICON, WI 53032

(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 06/03/2025, the Bureau of Assisted Living, Southern Regional Office, conducted a complaint investigation and verification visit for Statement of Deficiency (SOD) T3JK11, dated 10/09/2024, and SOD 91P411, dated 02/17/2025, at Daybreak Inc Horicon, a community-based residential facility (CBRF) located in Horicon, WI. As a result of the survey, 3 deficiencies were identified. Two deficiencies are repeat deficiencies from SOD T3JK11, dated 10/09/2024. The complaint was unsubstantiated. Census: 7	{N 000}		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or	N 158		

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

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N 158	Continued From page 1 misappropriation of property. The CBRF shall maintain documentation of any investigation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure than an allegation of abuse by Residential Counselor C of Resident 3, which was made known by Residential Counselor F, was investigated. Findings include: On 06/03/2025, at approximately 11:20 a.m., Surveyor interviewed Residential Counselor F. Residential Counselor F reported that a couple of months previously, around March 2025, Resident 3 had reported an incident to him/her where Residential Counselor C made an explicit gesture to him/her and told him/her to "[Expletive] off." Residential Counselor F reported s/he later asked Residential Counselor C about the incident and that Residential Counselor C confirmed having made the gesture and comment to Resident 3 because Resident 3 called him/her "fat." Residential Counselor F reported that Resident 3 had said s/he told Program Manager A and Licensee G about the incident but nothing was done about it. Residential Counselor F reported awareness that this incident seemed to fit under concerns for abuse but that s/he hadn't reported it him/herself or directly assisted Resident 3 with reporting it to other staff because s/he was afraid of backlash. At approximately 11:37 a.m., Surveyor interviewed Resident 3. Resident 3 reported that Residential Counselor C had been out for an extended period and that s/he didn't want him/her to return. Resident 3 reported having had a past	N 158		

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N 158	Continued From page 2 verbal disagreement with Residential Counselor C regarding his/her medication administration, which escalated into Residential Counselor C calling him/her a liar, saying, "[Expletive] you," and making an explicit gesture to him/her. Resident 3 reported that s/he told Program Manager A and Licensee G about the incident. At approximately 12:14 p.m., Surveyor interviewed Program Manager A. Program Manager A reported s/he had no awareness of the alleged incident between Resident 3 and Residential Counselor C and that nothing had been reported to him/her about it. Program Manager A reported s/he was kind of surprised about that because Resident 3 usually was open with him/her in making his/her needs known. Program Manager A reported that it was expected of staff, upon hearing of an allegation of misconduct, to inform him/her or Licensee G of the allegation either in writing or through verbal report. Program Manager A confirmed s/he had no documentation of the alleged incident between Resident 3 and Residential Counselor C.	N 158		
{N 247}	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All	{N 247}		

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{N 247}	Continued From page 3 employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employees reviewed obtained all task specific training as required. Residential Counselor C, who performs dietary duties, did not have training in dietary services within 90 days after assuming these job duties. This is a repeat deficiency. See Statement of Deficiency (SOD) T3JK11, dated 10/09/2024.	{N 247}		

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{N 247}	Continued From page 4 Findings include: On 06/03/2025, at approximately 10:39 a.m., Surveyor interviewed Program Manager A. Program Manager A confirmed that the facility was typically staffed with 1 residential counselor on the morning (AM) shift, 1 on the afternoon/evening (PM) shift, and 1 on the overnight (NOC) shift. Program Manager A identified that Residential Counselor C typically worked PM shifts with the provider. Program Manager A confirmed that residential counselor staff members assisted in meal preparation as they typically assisted residents in preparing meals for the group. Program Manager A confirmed that as part of that, residential counselor staff members sometimes participated in hands-on meal preparation tasks themselves. At approximately 11:20 a.m., Surveyor observed Residential Counselor F in the kitchen assisting with meal preparatory activities. On 06/03/2025, Surveyor conducted a review of 1 employee to verify compliance with task specific training requirements. Surveyor requested training records or evidence of training exemptions from Program Manager A at approximately 10:39 a.m. for Residential Counselor C. Program Manager A reported that s/he would have to ask the office staff to provide the training records since they were stored at the provider's main office in a different location. On 06/03/2025, Surveyor reviewed records faxed by Office Manager E to Program Manager A. The records provided for Residential Counselor C, hired 01/17/2024, did not contain evidence of training or evidence of meeting an exemption for	{N 247}		

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{N 247}	Continued From page 5 dietary training. At approximately 11:30 a.m., Surveyor discussed the concern with Program Manager A that there was no evidence from the records provided that Residential Counselor C completed dietary training. Program Manager A reported s/he would have to follow up with Office Manager E. At approximately 11:48 a.m., Surveyor interviewed Program Manager A again. Program Manager A confirmed that s/he received a text from Office Manager E that there was no dietary training records for Residential Counselor C. Program Manager A reported that s/he recalled that as a group staff had recently completed dietary training by watching some training videos, but s/he could not recall if Residential Counselor C participated in that training.	{N 247}		
{N 481}	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the environment was clean and homelike. This is a repeat deficiency. See Statement of Deficiency (SOD) T3JK11, dated 10/09/2024.	{N 481}		

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{N 481}	Continued From page 6 Findings include: On 06/03/2025, at approximately 10:10 a.m., Surveyor toured the home with Program Manager A and observed the following: - At approximately 10:19 a.m., Surveyor observed the room shared by Residents 5 and 6. An approximate 2' x 1' area of wall near their bedroom entryway appeared with corner damage extending into the drywall and with several areas of chipped paint (Photos 1 and 2). When asked about the damaged area, Program Manager A reported that it was still being worked on. - At approximately 10:19 a.m., Surveyor observed the bathroom near the room of Residents 5 and 6. One of the 2 ceiling air vents appeared covered in dust (Photo 3). Program Manager A acknowledged Surveyor's concern that the vent continued to be covered in dust. - At approximately 10:21 a.m., Surveyor observed Resident 2's room. The wood trim crown molding appeared to be separated from the ceiling/wall and falling off it in an approximate 1' area (Photos 4 and 5). When asked about the wood trim, Program Manager A reported that maybe staff forgot about it when making repairs around the house. - At approximately 10:22 a.m., the upper level walls near Resident 1's room were observed with the wallpaper partially missing from the wall in an approximate 3' wide area spanning the height of the wall (Photo 6). Program Manager A reported that since the last survey staff had peeled off the peeling/hanging pieces of wallpaper from the wall. Program Manager A reported that ultimately the walls with wallpaper were going to be painted	{N 481}		

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{N 481}	Continued From page 7 but that staff hadn't gotten around to it yet.	{N 481}		