Wisconsin Department of Health Services

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 10/16/2025

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 10/08/2025, with information obtained through 10/16/2025, the Bureau of Assisted Living, Southern Regional Office, conducted three complaint investigations and a verification visit for Statement of Deficiency (SOD) T3JK12, dated 06/03/2025, at Daybreak Inc Horicon, a community-based residential facility (CBRF) located in Horicon, WI. As a result of the survey, 0 deficiencies were identified. Three deficiencies from previous Statement of Deficiency (SOD) T3JK12, dated 06/03/2025, were corrected. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. The three complaints were substantiated. Census: 8	N 000		

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