Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: 0018751	(X2) MULTIPLE CONSTRUCTION A. BUILDING B.WING	(X3) DATE SURVEY COMPLETED 10/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING- HAYWARD II	**15497 PINEWOOD DRIVE , HAYWARD, Wisconsin, 54843**

(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)	(XS) COMPLETION DATE
N0000	Initial Comments On 09/24/2026, Surveyors began a complaint investigation at Vitacare Living Hayward II. Data was collected through 10/06/2026. Five of 5 complaints were unsubstantiated. One violation was identified. One violation was a repeat deficiency. See Statement of Deficiency (SOD) JYPQ12, dated 06/24/2025. Census: 9	N0000		
N0525	Fire drills. 83.47(2)(d) 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 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 LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the provider did not conduct fire evacuation drills at least quarterly with both employees and residents. The citation is a repeat violation. See Statement of Deficiency (SOD) JYPQ12, dated 06/24/2025.	N0525		

Office of Primary Care and Health Systems Management

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

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N0525	Continued from page 1 Findings include: The provider is licensed to care for 13 residents in the client groups: irreversible dementia/Alzheimer's disease, physically disabled, developmentally disabled, and advanced aged. On 09/30/2026 at approximately 11:52 AM, Surveyor requested from Regional Director (RD) B and RD C completed quarterly fire drills for 2026. On 10/06/2026 from 2:09 PM to 3:10 PM, Surveyors interviewed RD B and RD C who stated they were unable to locate documentation of completed fire drills. The provider did not conduct quarterly fire drills.	N0525		