

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 400003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/18/2023
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NAME OF PROVIDER OR SUPPLIER ADULT DAY SERVICES DAYBREAK/REFLECTIONS/CF	STREET ADDRESS, CITY, STATE, ZIP CODE 2900 CURRY LN PO BOX 8027 GREEN BAY, WI 54308
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(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
E 000	<p>INITIAL COMMENTS</p> <p>An unannounced onsite self-reported complaint survey for complaint #50459 was conducted 09/18/2023-09/19/2023 at Adult Day Services Daybreak/Reflections/Crossroads, an Adult Day Care Center located in Green Bay, WI.</p> <p>Adult Day Services Daybreak/Reflections/Crossroads was found to be in compliance with Wisconsin Administrative Code DHS 105.14 for Adult Day Care Centers.</p> <p>Complaint #50459 was found to be substantiated with no citations issued.</p>	E 000		
Z 001	<p>Initial Comments</p> <p>An unannounced onsite self-report complaint survey #50459 was conducted 09/18/2023-09/19/2023 at Adult Day Services Daybreak/Reflections/Crossroads, an Adult Day Care Center located in Green Bay, WI.</p> <p>Adult Day Services Daybreak/Reflections/Crossroads was found to be in compliance with Wisconsin Administrative Codes: DHS 12 and 13 regulations for Office of Caregiver Compliance.</p> <p>Three personnel records were reviewed during this survey.</p>	Z 001		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE