| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 0014822 | A. BUILDING: _____ B. WING _____ | C 09/18/2025 |

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| VISTA POINTE | W180 N8200 TOWN HALL ROAD MENOMONEE FALLS, WI 53051 |

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| N 000 | Initial Comments<br><br>On 09/17/2025, with information obtained through 09/18/2025, the Bureau of Assisted Living, Southern Regional Office, conducted a complaint investigation and abbreviated licensing survey at Vista Pointe, a community-based residential facility (CBRF) located in Menomonee Falls, WI.<br><br>As a result of the survey, 5 deficiencies were identified.<br><br>The complaint was unsubstantiated.<br><br>Census: 18 | N 000 | | |
| N 173 | 83.13(1)(a) Maintain repts abuse neglect misappropriation<br><br>The CBRF shall maintain documentation of all of the following: Investigations and reports of all allegations of abuse or neglect of a resident, or misappropriation property as required under s. DHS 83.12(2).<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure that the CBRF maintained documentation of an investigation and report of employee misconduct.<br><br>Findings include:<br><br>Within Wis. Admin. Code § DHS 13.03(13), "misconduct" is defined as "abuse or neglect of a client or misappropriation of a client's property."<br><br>On 09/17/2025, Surveyor conducted a complaint investigation into allegations of residents having been neglected by staff. | N 173 | | |

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

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| N 173 | Continued From page 1<br><br>On 09/17/2025, Surveyor reviewed records of a text message exchange between Former Caregiver E and Licensee A. The initial text messages, from Former Caregiver E, and sent on/around 08/17/2025 reported that when s/he arrived to work on 08/16/2025 near approximately dinner time, resident medications had not been passed and s/he discovered 2 residents had been left soiled. Specifically, Former Caregiver E reported that Resident 1 reported to him/her that s/he was not "checked or changed since the morning, aside from dinner being delivered." Former Caregiver E reported that Resident 1 had been "fully soiled and [his/her] brief was deteriorating."<br><br>At approximately 10:30 a.m., Surveyor interviewed Licensee A via phone conference. Nurse C was also present for the interview. Licensee A confirmed that s/he and his/her designated person in charge during his/her absence, Nurse Manager B, were both out.<br><br>At approximately 12:30 p.m., Surveyor interviewed Nurse C. Nurse C reported s/he was unsure if there had been any allegations made of or investigations into employee misconduct. Nurse C reported that Licensee A is who would typically handle such allegations and related investigations. Surveyor requested records of any employee misconduct investigations since 07/01/2025. Nurse C reported s/he wasn't sure if s/he had access to misconduct investigation documents but that s/he would contact Licensee A for additional information.<br><br>At approximately 1:40 p.m., Surveyor interviewed Nurse C again. Nurse C reported s/he was unable to get in contact with Licensee A. | N 173 | | |

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| N 173 | Continued From page 2<br><br>At approximately 3:24 p.m., Surveyor interviewed Nurse C again. Nurse C reported s/he still was unable to get in contact with Licensee A. Surveyor gave a deadline of 12:00 p.m. on 09/18/2025 for additional information to be provided of any employee misconduct investigations.<br><br>At approximately 9:15 p.m., Surveyor received an e-mail from Nurse C. In the e-mail, Nurse C reported, "I was able to quickly speak to [Licensee A] and [s/he] indicated that [s/he] had done an investigation regarding employee misconduct after a complaint on 8-17-25. After a thorough investigation, [s/he] found that [s/he] could be reasonably certain that no misconduct could be proven and the incident was not reportable based on the flowchart of entity investigations reporting form F-00161A... [Licensee A] is expected back on Sunday [09/21/2025] evening."<br><br>At approximately 9:24 p.m., Surveyor replied to Nurse C's e-mail and asked if Licensee A indicated where his/her investigation documents were located so that Nurse C could send them.<br><br>On 09/18/2025, at approximately 12:25 p.m., Nurse C replied to Surveyor's e-mail and reported, "[Licensee A] does have the investigation completed but everything is locked up tight and I do not have access :(."<br><br>Surveyor noted that the complaint from 08/17/2025 that Nurse C alluded to from his/her conversation with Licensee A seemed to correlate with the next message allegations reviewed by Surveyor (documented above). | N 173 | | |

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| N 229 | Continued From page 3 | N 229 | | |
| N 229 | 83.18(2) Employee records available upon request<br><br>Employee records shall be available upon request at the CBRF for review by the department.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure that employee records were made available upon request for review by the Department.<br><br>Findings include:<br><br>On 09/17/2025, at approximately 10:20 a.m., Surveyor arrived onsite to conduct a complaint investigation and abbreviated licensing survey. Nurse C met Surveyor shortly after entering and reported that both Licensee A and Nurse Manager B were out. Nurse C reported that there wouldn't be anyone available to provide Surveyor with employee records to review as part of the survey process.<br><br>At approximately 10:30 a.m., Surveyor interviewed Licensee A via phone conference. Nurse C was also present for the interview. Licensee A confirmed that s/he and his/her designated person in charge during his/her absence, Nurse Manager B, were both out. Licensee A confirmed that no one else would be able to access employee records.<br><br>At approximately 12:30 p.m., Surveyor interviewed Nurse C again. Nurse C confirmed that employee background checks, communicable disease screenings, and all training records were part of employee records that were inaccessible. | N 229 | | |

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| N 229 | Continued From page 4<br><br>Throughout the survey on 09/17/2025, Surveyor did not review any employee records. | N 229 | | |
| N 504 | 83.46(1)(c) Heating system maintenance.<br><br>Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure that a heating contractor or local utility company completed gas furnace maintenance at least once every 3 years.<br><br>Findings include:<br><br>On 09/17/2025, Surveyor reviewed facility records to verify compliance with facility-related inspections and maintenance. Surveyor reviewed a furnace maintenance record dated 01/27/2021. There was no evidence that the facility's gas furnace system was inspected more recently than that.<br><br>At approximately 3:24 p.m., Surveyor interviewed | N 504 | | |

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| N 504 | Continued From page 5<br><br>Nurse C. Nurse C acknowledged Surveyor's concern that there didn't appear to be a more recent gas furnace inspection located within the provider's records. Nurse C reported s/he would keep looking for the record. Surveyor gave a deadline of 12:00 p.m. on 09/18/2025.<br><br>On 09/17/2025, at approximately 9:15 p.m., Nurse C e-mailed Surveyor and reported, "I have searched high and low for the furnace inspection to no avail. With that being said, I do feel confident that the requested items are here, I just do not have direct access to those things. I do have a message out to the HVAC company to see if I can obtain those documents."<br><br>As of 09/18/2025 at 12:00 p.m., no additional records were received. | N 504 | | |
| N 525 | 83.47(2)(d) Fire drills.<br><br>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. | N 525 | | |

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| N 525 | Continued From page 6<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure that 1 of 6 quarterly fire drills from 2024 - 2025 was completed.<br><br>Findings include:<br><br>On 09/17/2025, Surveyor reviewed facility records to verify compliance with fire evacuation drill requirements. Four quarterly fire evacuation drill records were reviewed for 2024. There was evidence of only 1 fire evacuation drill completed in 2025. There was no evidence of a fire evacuation drill completed in the first quarter of 2025.<br><br>At approximately 2:08 p.m., Surveyor requested from Nurse C any additional evidence of fire evacuation drills completed in 2025.<br><br>At approximately 3:24 p.m., Surveyor interviewed Nurse C. Nurse C confirmed s/he could find no other evidence of a fire evacuation drill having been completed in 2025. | N 525 | | |
| N 526 | 83.47(2)(e) Other evacuation drills.<br><br>Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure that 2 of 3 semi-annual other emergency evacuation drills from 2024 - | N 526 | | |

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| N 526 | Continued From page 7 | N 526 | | |

2025 were completed.

Findings include:

On 09/17/2025, Surveyor reviewed facility records to verify compliance with other emergency and disaster evacuation drill requirements. There was no evidence of emergency evacuation drills completed in 2024.

At approximately 2:08 p.m., Surveyor requested from Nurse C any additional evidence of other emergency evacuation drills completed in 2025.

At approximately 2:30 p.m., Manager D provided Surveyor a document. The document was titled "Emergency Evacuation Drill" with a handwritten annotation of "active shooter in building" alongside the title. The drill was dated 06/30/2024. The document appeared to use a similar template of prompted questions as the provider's other emergency evacuation and fire evacuation drills. The drill documented the following:

- "Everyone Out? N/A"

- "Everyone met at designated area? N/A"

Surveyor noted from the record that it was not clear if resident evacuation was completed as part of the drill. While reviewing the document, Surveyor interviewed Manager D. Manager D reported s/he wasn't sure how the drill was conducted and so could not confirm that evacuation was completed as part of the drill.

At approximately 3:24 p.m., Surveyor interviewed Nurse C. Nurse C reported s/he wasn't sure how the drill was conducted and so could not confirm

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| N 526 | Continued From page 8<br>that evacuation was completed as part of the drill. Nurse C confirmed there was no other evidence of other emergency evacuation drills completed in 2024. | N 526 | | |