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
	0016846	A. BUILDING: _____ B. WING _____	04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA POINTE III	W18 N8240 TOWN HALL RD MENOMONEE FALLS, WI 53051

(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 04/16/2026, with information obtained through 04/17/2026, the Bureau of Assisted Living, Southern Regional Office, conducted a standard licensing survey at Vista Pointe III, a community-based residential facility (CBRF) located in Menomonee Falls, WI. As a result of the survey, 1 deficiency was identified. Census: 13	N 000		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the individual service plan (ISP) for Resident 1 was signed by his/her activated power of attorney for healthcare (POA), acknowledging his/her involvement in, understanding of, and agreement with the ISP.	N 389		

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

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N 389	Continued From page 1 Findings include: On 04/16/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 08/31/2020. Resident 1's record identified that his/her POA became activated on 02/25/2025. Resident 1's ISP was signed as last reviewed during an annual review on 08/31/2025 by Resident 1 him/herself, but not his/her POA. At approximately 2:45 p.m., Surveyor interviewed Licensee A and Registered Nurse (RN) Manager B. Both reported believing that Resident 1's ISP had been reviewed by his/her POA. Licensee A reported s/he maybe had an e-mail showing discussion of Resident 1's ISP review with his/her POA and would send it to Surveyor if found. On 04/17/2026, at approximately 11:17 a.m., Surveyor e-mailed Licensee A asking for an update and gave a deadline of 2:00 p.m. to receive any additional evidence. At approximately 12:18 p.m., Licensee A e-mailed Surveyor back. Licensee A's e-mail documented, "I did speak with my Manager who confirmed [s/he] spoke with the [POA family member] but, unfortunately, I don't have any hard proof..."	N 389		