STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018341	A. BUILDING: _____ B. WING _____	06/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA CARE SUPERIOR NORTH	1512 N 17TH ST SHEBOYGAN, WI 53081

(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
M 000	INITIAL COMMENTS On 06/15/2023-06/20/2023, Surveyor conducted a standard survey and complaint investigation at Vista Care Superior North an Adult Family Home (AFH) in Sheboygan, WI. One deficiency identified. Complaint unsubstantiated. Census: 4	M 000		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's service plan was reviewed at least once every 6 months by the licensee, the resident, the resident's guardian and	M 424		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 424	Continued From page 1 the placing agency, to determine the appropriateness of the care plan and to update the care plan as necessary. Findings include: On 06/15/2023, Surveyor conducted a complaint investigation and standard survey. As part of the survey process, Surveyor requested to review Resident 1's record. Resident 1 was admitted to the facility on 10/13/2022. Surveyor requested to review Resident 1's most recently signed and dated Individual Service Plan (ISP). Regional Director A sent an email which stated, "You will see that [his/her] ISP has not been signed by [his/her] care team. [His/her] 6 month review should have happened in April 2023, but it has been delayed due to a change in [his/her] care team. [Service and Support Director B] has been and will continue to ask the new team when the review meeting will occur and press that it happens ASAP." Resident 1's ISP that was sent was dated 10/12/2022 and did not have any signatures from Resident 1's guardian, placing agency or facility. On 06/20/2023, Surveyor conducted an exit conference with Regional Director A. Regional Director A confirmed Resident 1's ISP review did not happen in April of 2023 and the ISP did not have any signatures from Resident 1's guardian or placing agency.	M 424		