STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009340	A. BUILDING: _____ B. WING _____	C 03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA CARE NORTH 33RD PLACE	1536 N 33RD PLACE 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
N 000	Initial Comments An abbreviated survey and a complaint investigation were conducted at Vista Care North 33rd Place on 03/11/2025 with information gathered through 03/12/25. As a result of this investigation the complaint was substantiated with 1 related deficiency. Two deficiencies were identified with the survey for a total of 3 deficiencies. Census: 8	N 000		
N 348	83.32(3)(d) Rights of Residents: Free from mistreatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Freedom from mistreatment. Be free from physical, sexual and mental abuse and neglect, and from financial exploitation and misappropriation of property. This Rule is not met as evidenced by: Based on record review and staff interviews the provider did not ensure 1 of 8 residents were free from physical and verbal abuse. On 08/01/2024 CG (Care Giver and Van Driver) - A was observed to hit and cuss at Resident 1 when getting off the van at the DSP (Day Service Program). Findings include: On 03/11/2025 at approximately 10:30 a.m., Surveyor reviewed an investigation report from this facility and APS (Sheboygan County Human	N 348		

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
	0009340	A. BUILDING: _____ B. WING _____	C 03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA CARE NORTH 33RD PLACE	1536 N 33RD PLACE 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
N 348	Continued From page 1 Services/Adult Protective Services) about an allegation of abuse. This report showed on 08/01/2024 at approximately 9 AM, Resident 1 was observed by a staff at the DSP getting off the van at the DSP. CG - A was observed arguing with Resident 1 over a walker resulting in Resident 1 hitting CG - A and CG - A slapping Resident 1 back while both were observed cussing at each other. DSP staff reported the incident to the provider and to APS. APS was on-site at the facility on 08/01/2024 to ensure safety of all residents per the APS report. On 03/11/2025, Surveyor reviewed the investigations by APS and the provider. During an interview with Surveyor on 03/11/2025 at approximately 11:45 a.m., AD (Area Director) - C confirmed that both the provider and APS conducted an investigation into this alleged abuse from 08/01/2024 which included CG - A, Resident 1, and DSP workers who observed the incident as well as video footage at DSP which captured the incident. AD - C confirmed that the provider's investigation and APS's investigation showed CG -A had indeed slapped Resident 1 on the upper arm resulting in a red circular mark with 2 smaller circles around it about 2.5 inches in diameter. AD - C also confirmed that CG - A was cussing at Resident 1 during this altercation per the providers investigation and APS's investigation reports. On 03/11/2025 at approximately 11:45 a.m., AD - C confirmed to Surveyor the provider had removed CG - A from the schedule immediately pending the results of the investigation. CG - A was terminated as a result of the investigation and a report of Caregiver Misconduct for abuse was sent to the Office of Caregiver Quality. Resident 1's Individual Service Plan was adjusted	N 348		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009340	A. BUILDING: _____ B. WING _____	C 03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA CARE NORTH 33RD PLACE	1536 N 33RD PLACE 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
N 348	Continued From page 2 to address recent behaviors.	N 348		
N 525	83.47(2)(d) Fire drills. 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 Rule is not met as evidenced by: Based on record review and staff interview the provider did not ensure fire drills were conducted at least quarterly in 2024 having the potential to affect all 8 residents in this facility. There was no evidence fire drills had been conducted in the 2nd and 3rd quarter of 2024. This facility is licensed as a Class CNA non-ambulatory. A Class CNA non-ambulatory CBRF serves residents who are ambulatory, semi-ambulatory or non-ambulatory, but one or more of whom are not physically or mentally capable of responding to a fire alarm by exiting	N 525		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009340	A. BUILDING: _____ B. WING _____	C 03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA CARE NORTH 33RD PLACE	1536 N 33RD PLACE 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
N 525	Continued From page 3 the CBRF without help or verbal or physical prompting. This facility serves residents who are developmentally disabled, physically disabled, and who have traumatic brain injury or emotional disturbance/mental illness. Findings include: On 03/11/2025, at approximately 11:30 AM Surveyor reviewed the provider's fire safety records with RM (Resident Manager) - B. There was no evidence that fire drills had been conducted quarterly for 2024. Fire drills were noted in the first quarter on 01/04/2024 and 02/29/2024 and again in the last quarter on 10/19/2024 and 12/14/2024. RM - B could not find any fire drills for the 2nd and 3rd quarter on the provider's computer log of drills completed. RM - B indicated all drills should be logged and put into their computer system. On 03/12/2025 at 9:44 AM AD (Area Director) - C sent an email to Surveyor that no further fire drills or disaster drills could be found for 2024.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and staff interview the provider did not ensure emergency or disaster evacuation drills were conducted at least semi-annually in 2024 having the potential to affect all 8 residents. There was no evidence of disaster drills for 2024.	N 526		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009340	A. BUILDING: _____ B. WING _____	C 03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA CARE NORTH 33RD PLACE	1536 N 33RD PLACE 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
N 526	Continued From page 4 This facility is licensed as a Class CNA non-ambulatory. A Class CNA non-ambulatory CBRF serves residents who are ambulatory, semi-ambulatory or non-ambulatory, but one or more of whom are not physically or mentally capable of responding to a fire alarm by exiting the CBRF without help or verbal or physical prompting. This facility serves residents who are developmentally disabled, physically disabled, or who have a traumatic brain injury or emotional disturbance/mental illness. Findings include: On 03/11/2025 at approximately 11:30 AM, Surveyor reviewed the provider's fire safety records with RM (Resident Manager) - B. There was no evidence of any tornado or emergency disaster drills for 2024 that RM - B could find on the computer log of drills completed. RM - B indicated all drills should be logged and put into their computer system. On 03/12/2025 at 9:44 AM, AD (Area Director) - C sent an email to Surveyor that no further fire drills or disaster drills could be found for 2024.	N 526		