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 _____	R-C 09/17/2025

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 On 09/17/2025, with information gathered through 09/22/2025, Surveyor conducted a verification visit and investigated 1 complaint at Vista Care North 33rd Place. Three of 3 previous deficiencies were corrected. The complaint was substantiated and 6 new deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census 7	{N 000}		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the individual support plan (ISP) included (1) the identification of the	N 386		

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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N 386	Continued From page 1	N 386		

resident's needs and desired outcomes, (2) identification of the program services, frequency and approaches that will be provided, (3) established measurable goals with specific time limits for attainment and (4) Specified methods for delivering needed care and who is responsible for delivering the care for Resident 2.

Findings Include:

On 09/17/2025, at approximately 8:15AM, Surveyor observed Resident 2 used a walker for ambulation.

On 09/17/2025, at approximately 4:30PM, Surveyor reviewed Resident 2's General Event Report (GER) dated, 08/01/2025. The report identified Resident 1 experienced a fall requiring an emergency room visit.

On 09/17/2025, at approximately 4:35PM, Surveyor reviewed Resident 2's ISP dated, 01/03/2025. The ISP only indicated the following:

"What is Important to Me ... Maintaining my independence as much as possible."

"How to Support Me Best ... I need help taking [sic] washing my hair when taking showers. I need a staff present to make sure I don't slip in the shower. Sometimes I need help with choosing weather appropriate clothing."

The sections for risk, professional services, service supports, and action plans noted, "Nothing found to display."

The ISP identified Resident needed assistance with maintaining independence, showering (hair washing and not slipping) and choosing

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N 386	Continued From page 2 appropriate clothing. The ISP did not include the desired outcomes for all identified needs, frequency and approaches to be provided, measurable goals or methods for delivering services. Additionally, the ISP did not address Resident 2's ambulation status or how to mitigate falls. On 09/22/2025, at 2:30PM Surveyor interviewed Regional Manager D (RM-D) about the ISP. RM-D advised s/he will contact the managed care organization and update the ISP with the needed information. Cross Reference N0389 DHS 83.35(3)(d) Service Plans Updated Annually or on Changes	N 386		
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 observation, interview and record review, the provider did not ensure the individual	N 389		

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N 389	Continued From page 3	N 389		

support plan (ISP) was updated when there was a change in needs for Resident 2.

Findings Include:

On 09/17/2025, at approximately 8:15AM, Surveyor observed Resident 2 wearing a neck brace and using a walker. Resident 2 informed Surveyor s/he fell in the garage while putting away unused decorations from his/her room.

On 09/17/2025, at approximately 4:30PM, surveyor reviewed Resident 2's General Event Report (GER) dated 08/01/2025 and updated on 08/14/2025. The GER noted Resident 2 attempted to put away decorations in the garage and fell. The GER indicated Resident 2 was seen in the emergency room. The emergency room found Resident 2 had a closed fracture in the nasal bone and a fracture of the cervical vertebra. The emergency room provided a neck brace and advised it should be worn until Resident 2 could see a specialist. The section of the GER titled, "Plan of Future Corrective Actions," stated, "Staff will ensure to keep a better eye on [Resident 2] while doing activities and encourage [him/her] not to do things without staff help."

On 09/17/2025, at approximately 4:35PM, Surveyor reviewed Resident 2's ISP dated 01/03/2025. The ISP was not updated with interventions after experiencing a fall resulting in a closed nasal fracture and a fracture of the cervical vertebra.

On 09/22/2025, at 2:30PM Surveyor interviewed Regional Manager D (RM-D) about the ISP. RM-D reported ISPs are reviewed every 6 months. RM-D advised s/he will contact the managed care organization and update the ISP

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VISTA CARE NORTH 33RD PLACE	1536 N 33RD PLACE SHEBOYGAN, WI 53081

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N 389	Continued From page 4 with interventions for fall prevention. Cross Reference N0386 DHS 83.35(3)(a) Comprehensive Individualized Service Plan	N 389		
N 427	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure an activity schedule was developed or posted in an area available to residents. Findings Include: On 05/30/2025, the department received an allegation residents were not provided with leisure activities. On 09/17/2025, at approximately 8:00AM, Surveyor toured the building and noted there was no activity calendar posted.	N 427		

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VISTA CARE NORTH 33RD PLACE	1536 N 33RD PLACE SHEBOYGAN, WI 53081

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N 427	Continued From page 5 On 09/17/2025, at approximately 8:45AM, Surveyor interviewed Residential Manager D (RM-D). RM-D confirmed there was not an activity schedule posted. RM-D reported s/he would purchase a white board, develop activities and ensure it is posted where residents can see it. On 09/22/2025, at 2:30PM, RM-D reported the white board was delivered to the home and s/he is currently developing activities.	N 427		
N 435	83.38(1)(k) Transportation. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Transportation. The CBRF shall provide or arrange for transportation when needed for medical appointments, work, educational or training programs, religious services and for a reasonable number of community activities of interest. CBRFs that transport residents shall develop and implement written policies addressing the safe and secure transportation of residents. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents were transported to scheduled appointments for Resident 2.	N 435		

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	0009340	A. BUILDING: _____ B. WING _____	R-C 09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA CARE NORTH 33RD PLACE	1536 N 33RD PLACE SHEBOYGAN, WI 53081

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N 435	Continued From page 6 Findings Include: On 05/30/2025, the department received a complaint alleging a resident missed medical appointments. On 09/17/2025, Surveyor interviewed Guardian E. Guardian E confirmed s/he was the guardian for Resident 2. Guardian E explained Resident 2 has unsteady gait and uses a walker. Guardian E further explained Resident 2 receives cortisone shots in his/her knees every 3-4 months. Guardian E advised Resident 2 missed cortisone shots as s/he was not taken to the appointments. On 09/17/2025, at 8:43AM, Surveyor interviewed Regional Manager D (RM-D). RM-D confirmed Resident 2 received knee injections. RM-D confirmed Resident 2's guardian expressed concerns about missing the appointment. RM-D advised s/he was not sure why they appointment was missed but could have been due to not having staff to provide transportation. On 09/17/2025, at approximately 4:30PM, Surveyor reviewed the document titled, "Appointment Search." provided by Area Director C. The document noted Resident 2 was scheduled for an orthopedic appointment on 01/16/2025. The section titled, "Appointment Status," noted when an appointment was scheduled or completed. The appointment for 01/16/2025 noted it was scheduled, but did not specify if it was completed. On 09/19/2025, at 12:14PM, Area Director C (AD-C) reported the appointment was rescheduled for 05/19/2025 and was completed at that time.	N 435		

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VISTA CARE NORTH 33RD PLACE	1536 N 33RD PLACE SHEBOYGAN, WI 53081

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N 435	Continued From page 7 On 09/22/2025, at 2:30PM, Surveyor interviewed AD-C and RM-D. RM-D reported they have experienced difficulty finding staff to transport for appointments. Sometimes the direct support professionals (caregivers) take residents to appointments. When this occurs, the direct support professionals often book follow-up appointments during times when the vans are not available, such as day program transport times. AD-C advised they would like for area directors or regional managers to attend the appointments, but often they are working shifts in the home to cover staffing requirements. Resident 2 went without the 3-4 month injection scheduled on 01/16/2025 and did not receive another one until 05/20/2025.	N 435		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all rooms were clean for 3 of 3 rooms observed. Findings Include: On 05/30/2025, the department received an allegation rooms were not clean. On 09/17/2025, at approximately 8:00AM, Surveyor toured the building. Surveyor noted the following:	N 489		

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	0009340	A. BUILDING: _____ B. WING _____	R-C 09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA CARE NORTH 33RD PLACE	1536 N 33RD PLACE SHEBOYGAN, WI 53081

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N 489	Continued From page 8 Resident 3 and Resident 4's Shared Room Resident C and Resident D's room had a French door that was not used as an exit. The door handle had a thick layer of dust. Resident 5's Room Resident E's windowsills and top of the window had a thick layer of dust. Resident 6's Room Resident F's windowsills and top of the window had a thick layer of dust. On 09/17/2025 at approximately 9:00AM, Surveyor interviewed Area Director C (AD-C) and Residential Manager D (RM-D) regarding dust in the bedrooms. RM-D explained housekeeping is caregiver's daily shift responsibility. AD-C and RM-D acknowledged the findings regarding the dust in the bedrooms. On 09/22/2025, at 2:30PM, RM-D stated s/he will update the daily shifts to include specific days for housekeeping duties. Cross Reference N0490 DHS 83.44(2)(b) Toilet and Bathing Areas	N 489		
N 490	83.44(2)(b) Toilet and bathing area. All toilet and bathing areas, facilities and fixtures shall be clean and in good working order. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all toilet and bathing areas were clean and fixtures were in good working order for 3 of 3 bathrooms.	N 490		

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	0009340	A. BUILDING: _____ B. WING _____	R-C 09/17/2025

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VISTA CARE NORTH 33RD PLACE	1536 N 33RD PLACE SHEBOYGAN, WI 53081

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N 490	Continued From page 9 Findings Include: On 05/30/2025, the department received an allegation bathrooms were dirty and there was an unstable shelf. On 09/17/2025, at approximately 8:00AM, Surveyor toured the building. Surveyor noted there were 3 bathrooms. Surveyor observed the following: 1st Bathroom at 8:26AM The tiles in the roll in shower was covered with a black substance resembling mold. The shower floor and walls were tiled. The black substance was in the grouted areas between the tiles and on the tiles of the floors and walls. The black substance was also on the soap dish connected to the wall. There was a white shower chair located inside the shower. The shower chair had the same black substance along the legs and the back section. The bathroom door was held in place by 3 door hinges. There was a red rust colored substance found on the hinges, the door and the door frame. Across from the toilet was a gray over-the-toilet shelf against the wall. The shelf was not mounted to the wall. Upon touch, the shelf swayed and became unstable. 2nd Bathroom at 8:31AM The walk-in shower had a black substance resembling mold on the anti-slip strips on the floor. 3rd Bathroom at 8:34AM The bottom of the shower curtain was covered with a black substance resembling mold. There was debris covering the bottom of the tub. The corner and flooring next to the tub had hair and debris. The toilet was unflushed, had urine drops	N 490		

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	0009340	A. BUILDING: _____ B. WING _____	R-C 09/17/2025

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VISTA CARE NORTH 33RD PLACE	1536 N 33RD PLACE SHEBOYGAN, WI 53081

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N 490	Continued From page 10 on the toilet seat and a smudge on the back of the seat resembling feces. Three of 3 bathrooms did not have toilet paper in the dispenser. Toilet paper was in the bathroom but out of reach if seated on the toilet. On 09/17/2025 at approximately 9:00AM, Surveyor interviewed Area Director C (AD-C) and Residential Manager D (RM-D) regarding the bathrooms. RM-D advised the caregivers may not have access to the key for the toilet paper dispenser preventing them from refilling it. RM-D reported s/he would ensure caregivers have access to the key. AD-C and RM-D acknowledged the findings regarding the bathrooms. On 09/22/2025, at 2:30PM, Surveyor interviewed AD-C and RM-D. AD-C informed Surveyor the shower chair was discarded and a new one was purchased. AD-C advised they have obtained a quote and plan to re-tile bathroom #1 as well as have the fan checked for better ventilation. RM-D reported s/he will update the caregivers' daily tasks to include specific cleaning days. Cross Reference N0489 DHS 83.44(2)(a) Rooms Clean And Free From Odors	N 490		