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 01/29/2026

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 01/26/2026, with additional information gathered through 01/29/2026, Surveyor investigated 1 complaint and conducted a verification visit. The complaint was substantiated. As a result of the verification visit, 2 of 6 deficiencies were corrected and 1 new deficiency was identified (a total of five deficiencies). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census 8	{N 000}		
N 163	83.12(4)(a) Reporting when resident's whereabouts unknown A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time a resident ' s whereabouts are unknown, except those instances when a resident who is competent chooses not to disclose his or her whereabouts or location to the CBRF, the CBRF shall notify the local law enforcement authority immediately upon discovering that a resident is missing. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies or persons recovering from substance abuse. This Rule is not met as evidenced by: Based on record review and interview, the provider did not send a written report to the department within 3 working days after a resident's whereabouts were unknown for Resident 1.	N 163		

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

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N 163	Continued From page 1 Findings Include: On 01/26/2026, at approximately 9:30AM, Surveyor interviewed Residential Manager B (RM-B). RM-B reported there was an incident when Resident 1 did not return home at his/her curfew. On 01/28/2026, at 11:52AM, Surveyor interviewed Guardian F (Resident 1's guardian). Guardian F confirmed there was an incident when Resident 1 went out with his/her romantic partner and did not return home. Guardian F advised Resident 1 was gone for 2 days and law enforcement was looking for him/her. Surveyor reviewed the T-log, dated 12/26/2024 entered at 5:34AM. The T-log noted Resident 1 was picked up by a friend on 12/25/2026. Resident 1 did not return by his/her curfew (set by the guardian). The caregiver notified the police. The police arrived and a report was made. As of the entry of the T-log, Resident 1 had not returned. On 01/27/2026, at approximately 3:00PM, Surveyor reviewed the department's self-report files. Surveyor noted there was no self-report regarding Resident 1's missing whereabouts as documented on 12/26/2024. On 01/28/2026, at 11:30AM, Surveyor interviewed RM-B regarding there being no self-report. RM-B advised a different person was responsible for submitting self-reports and was unaware of why that person did not send it. RM-B acknowledged the findings.	N 163		

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{N 386}	Continued From page 2	{N 386}		
{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 development of the Comprehensive Individual Service Plan (ISP) included (1) needs and outcomes, (2) frequency of program services and approaches, (3) measurable goals with specific timeframes for attainment, and (4) specific methods for delivering needed care and who is responsible for Resident 4. This is a repeat deficiency. See SOD (Statement of Deficiency) Z74T12 dated 09/17/2025. Findings Include: On 01/27/2026, at 11:30AM, Surveyor reviewed the Resident Roster. The roster identified Resident 4 was admitted on 11/19/2018.	{N 386}		

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{N 386}	Continued From page 3 On 01/27/2026, Surveyor reviewed Resident 3's ISP dated 01/26/2026 . The ISP had categories labeled, "Service Supports, Action Plans and Discussion Records." The section for service supports and action plans were documented as "Nothing found to display. "Surveyor noted the Discussion Records section identified the following: 05/14/2021 " ...[Resident 4] ... needing authorization for billing -bigger briefs due to increase in Weight ..." Surveyor noted the ISP did not include information regarding toileting and incontinence or desired outcomes, frequency and approaches, measurable goals with a specific time for attainment, or methods for delivering care or who was responsible. " ...[Resident 4} will continue to receive assistance with care and safety. [S/he] needs staff to help [him/her] shower, get dressed, administer medication, and prepare her food ...." Surveyor noted the ISP did not include desired outcomes, frequency and approaches, measurable goals with a specific time for attainment, or methods for delivering care. 11/16/2021 " ...Health Goal- [Resident 4], with assistance from Vista Care, will work toward lowering [his/her] A1c. This will be accomplished by staff prompts for [Resident 4] to walk, drinking more water, taking [his/her] prescribed medication, and eating healthy meal portions.	{N 386}		

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{N 386}	Continued From page 4 Surveyor noted the ISP did not include frequency and approaches, measurable goals with a specific time for attainment, or methods for delivering care. 05/16/2022 " ...[Resident 4] will continue to receive care and supervision. Staff will assist [Resident 4] with bathing, dressing, laundry, meal prep, activities, medication administration, and community activities. Staff will continue to offer [Resident 4] opportunities to go for walks and stay active so that [his/her] A1c will decrease. Surveyor noted the ISP did not include desired outcomes, frequency and approaches, measurable goals with a specific time for attainment, or methods for delivering care. Note: "Who" is responsible was only identified for going on walks/staying active. On 01/28/2026, at 11:30AM, Surveyor interviewed Residential Manager B (RM-B) regarding comprehensive ISP development. RM-B acknowledged the information that needed to be documented in the ISP. 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	{N 389}		

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{N 389}	Continued From page 5 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 Individual Service Plans (ISP) were revised annually or when there was a change in a resident's needs, abilities or physical or mental condition for Resident 1. This is a repeat deficiency. See SOD (Statement of Deficiency) Z74T12 dated 09/17/2025. Findings Include: On 01/26/2026 at 8:19AM, Surveyor interviewed Resident 1. Resident 1 reported caregivers assist him/her with medication administration and cooking meals. Resident 1 advised s/he can take care of his/her own personal needs such as showers and toileting. On 01/26/2026, at approximately 9:30AM, Surveyor interviewed Residential Manager B (RM-B) regarding Resident 1's supervision. RM-B reported Resident 1 used to have unsupervised time in the community, but due to an incident, s/he is now required to have supervision in the community unless s/he is with his/her family member. RM-B explained Resident 1 used to go out with his/her romantic partner as the partner had a driver's license and car. An incident occurred where the romantic partner did not	{N 389}		

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{N 389}	Continued From page 6 return Resident 1 home. Subsequently, Guardian F requested Resident 1 not to go out unless s/he has supervision. Surveyor interviewed RM-B regarding Resident 1's shower needs. RM-B identified Resident 1 prefers to use the smaller shower since s/he does not use a shower chair. RM-B identified Resident 1 engages in aggressive behavior with caregivers when s/he is asked to do things such as clean his/her room, wash his/her clothing or bathing. RM-B advised the police have responded to the home due to Resident 1's aggressive behavior. RM-B confirmed Resident 1 had a behavior support plan (BSP) developed by the managed care organization. On 01/28/2026, at 11:52AM, Surveyor interviewed Guardian F (Resident 1's guardian). Guardian F reported Resident 1 gets $20 a week for spending money. Guardian F reported Resident 1 used to go out with his/her romantic partner unsupervised. Resident 1 went to Manitowoc with the partner. The romantic partner dropped Resident 1 off at a friend's house but could not provide a specific name or location. Guardian F reported law enforcement was contacted and searched for Resident 1. Resident 1 did not return home for 2 days. Guardian F advised Resident 1 now requires supervision when in the community. Guardian F confirmed Resident 1 had a BSP. On 01/27/2026, Surveyor reviewed Resident 1's ISP, dated 01/26/2026. The ISP noted the following identified needs: Money Management What People Admire About Me: " ...SSD has been working with [Resident 1] on	{N 389}		

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{N 389}	Continued From page 7 [his/her] budget so that [s/he] doesn't spend wastefully on things such as junk food, but instead has money to spend on the things [s/he] really wants ..." How to Support Me Best: " ...Encourage me to spend money wisely ..." Resident 1's guardian identified Resident 1 receives $20 weekly for spending money. The ISP identified Resident 1 needs assistance with money management. The ISP only identified s/he should be encouraged to spend money wisely but was not updated to include specific goals or interventions for how the provider would assist 1 to achieve this identified need. Supervision How to Support Me Best: " ...[Resident 1] has a curfew which [s/he] needs to follow ... The protocol is that if [s/he] is late staff are to call [his/her] [Family Member]. Risk Type: " ... Away From Home Without Support ([Resident 1] has limited independent community rights that involves [his/her] guardian's permission before [s/he] can be without supervision in the community. On 01/27/2026, in addition to review of the ISP, Surveyor reviewed a T-log dated 12/26/2024 entered at 5:34AM. The T-log identified Resident 1 left with a friend on 12/25/2024 and did not return by his/her curfew. Police were notified. The T-log further noted Resident 1 was still missing at the time of the entry. The ISP identified Resident can be in the	{N 389}		

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{N 389}	Continued From page 8 community unsupervised with guardian permission and has a curfew. According to the interview with RM-B and Guardian F, Resident 1 now requires supervision when s/he is in the community. The ISP was not updated to reflect this change. Showers " ...Knee Surgery on 05/26/2021 Showers ...Vista Care nurse advises to use shower chair and have staff present until it is approved for [Resident 1] to be independent. A possible fall on her new knee is the reason for this change. According to the above interview with Resident 1, s/he showers independently. According to the interview above with RM-B, Resident 1 chose to use the smaller shower due to not needing a shower chair. Resident 1's knee surveyor occurred on 05/26/2021. The ISP was not updated to reflect Resident 1 no longer required the shower chair or assistance. Physical Aggression/Verbal Aggression Risk Type " ...[Resident 1] gets into power struggles with staff and can become verbally/physically aggressive. Staff are to refrain from escalating the behavior and contacting management to assist with the calming down of [Resident 1] ..." On 01/27/2026, in addition to reviewing the ISP, Surveyor reviewed Resident 1's T-log documentation regarding an increase of physical aggression and bullying behavior. The T-logs noted the following: 01/05/2026: The T-log noted Resident 1 was trying to control and provoke residents.	{N 389}		

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{N 389}	Continued From page 9 01/16/2026: The T-log noted Resident 1 hit Resident 6. At the dinner table, Resident 1 sat across the table from Resident 6 and was intimidating him/her. 01/17/2026: The 01/17/2026 T-log referenced an incident on 01/16/2026. The T-log noted Resident 1 charged at and shoved the caregivers multiple times and ripped the mop out of a caregiver's hand. Resident 1 began screaming and frightened Resident 4. Resident 4 said s/he was scared of Resident 1. Resident 7 wanted to call the police to make Resident 1 stop. The T-log further noted the police were called and responded to the home. Resident 1 said s/he was suicidal, and the police took him/her to the emergency room. 01/17/2026: The T-log noted Resident 1 was "bullying" other residents in the house. The police intervened. Resident 1 told the police s/he was suicidal, and she was taken to the emergency room. Thirty-minute checks were implemented. 01/22/2026: The T-log noted Resident 1 tried to the hit staff in the face. Caregivers attempted to redirect Resident 1 and s/he began throwing all of the coloring books and crayons. Resident 1 threw a chair and hit the caregiver in the leg. 01/26/2026: The T-log noted Resident 1 grabbed a jar of jam out of Resident 7's hand and bit Resident 7's finger. The T-log further noted, "This seems to be on going with [Resident 1] bullying." 01/27/2026: The T-log was entered by RM-B regarding the incident on 01/22/2026. RM-B was called because Resident 1 kicked and hit caregivers. The guardian advised the provider to	{N 389}		

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{N 389}	Continued From page 10 contact Resident 1's psychiatrist to look into possible medication changes. On 01/29/2026, at 12:45PM, Surveyor reviewed the Sheboygan Police Department Call Detail Report. The report noted the police responded to the home on 01/16/2026 and 01/22/2026 due to Resident 1's aggressive behaviors. Resident 1 began exhibiting an increase in aggressive behaviors towards caregivers and residents and feeling suicidal. The T-logs identified this was occurring since 01/05/2026. The ISP only identified aggression towards caregivers. The ISP was not updated to include interventions for aggression toward other residents as identified in the T-logs. During the interview on 01/26/2026, at 8:19AM, Resident 1 reported the caregivers adminsiter his/her medication and prepare meals. The ISP did not include information on medication adminsitration or meal preperation. On 01/28/2026, at 11:30AM, Surveyor interviewed Residential Manager B (RM-B) regarding updating the ISP. RM-B acknowledged the need for updating the ISP. Cross Reference N0386 DHS 83.35(3)(a) Comprehensive Individualized Service Plan	{N 389}		
{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:	{N 489}		

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{N 489}	Continued From page 11 Based on observation and interview, the provider did not ensure all rooms were clean and free of odor for 4 of 8 rooms observed. The provider did not ensure the kitchen was clean. This is a repeat deficiency. See SOD (Statement of Deficiency) Z74T12 dated 09/17/2025. Findings Include: On 11/11/2025, the department received an allegation that the rooms were not clean. On 01/26/2026, at approximately 8:30AM, Surveyor toured the building. Surveyor observed the following: Resident 3 and Resident 4's Shared Room Resident 3 and Resident 4's room had a French door that was not used as an exit. >The bottom of the door was covered in a black substance resembling mold that extended the full length of the door. >Next to the door handle there a black substance resembling mold vertical to the door handle. >In front of the French door, there was dust and debris. >Vertical blinds on French Doors: There was a reddish-brown substance on the blinds. >The bedroom door had a yellow substance splattered on the front surface and debris on the floor entering the room. >There was a free-standing cube style black bookshelf that was crooked and leaning to the right. >The head of Resident 1's bed was moved away from the wall exposing a dented vent cover that was covered in dust. The floor between the bed and the vent was covered in debris and dust.	{N 489}		

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{N 489}	Continued From page 12 Resident 1's Bedroom: >Resident 1's bedroom had an odor that resembled body odor. >The room was cluttered with boxes stacked along the wall. >Clothes were on the recliner covering the seat and back of the chair. >The bedroom door had a cream-colored substance along the bottom. >The light switch had smears of a brown substance. >The only standing room was between the bed and desk. Resident 5's Bedroom: >Resident 4's vertical blinds had a dark reddish stain on the vertical portion of the blinds. Resident 6's Bedroom: >Resident 5's light switch cover had smears of a brown substance. Kitchen: >Interior Cabinet: There was a brown substance and debris on the shelves. >Exterior Cabinets: There was brown, yellow and cream-colored substance on the front of the cabinets. >Stove: The trim behind the stove was covered in a greasy/gummy substance. >Stove Vent Hood: The vent hood was covered in dust and greasy/gummy substance. > Wall Oven Exterior: The vertical area between the oven and counter had a dark brown sticky substance. On 01/26/2026 at approximately 9:45AM, Surveyor interviewed Residential Manager A (RM-A). RM-A reported the caregivers are responsible for cleaning the house. RM-A advised	{N 489}		

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{N 489}	Continued From page 13 s/he would contact maintenance regarding Resident 1 and 2's French doors and educate staff on 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 2 of 3 bathrooms observed. This is a repeat deficiency. See SOD (Statement of Deficiency) Z74T12 dated 09/17/2025. Findings Include: On 05/30/2025, the department received an allegation regarding cleanliness. On 01/26/2026, at approximately 8:30AM, Surveyor toured the building. Surveyor observed the following: Bathroom 1: Next to Resident 3 and 4's room >A plunger with dried toilet paper stuck to it. >Brown and black substance resembling mold around the bottom of the toilet. >Handrails bolted to the floor - large amounts of a red substance resembling rust or mold around the bottom that connects to the floor. >Toilet Riser - paint chipping away on the legs and portion under the seat.	{N 490}		

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 01/29/2026

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 490}	Continued From page 14 >Shower curtain had black substance resembling mold on the bottom that meets the tub. >Three cracked tiles. >Side of trash can was splattered with a white substance. >Top of the trash can had dried crusty brown and white substance. Bathroom 2: Across from Resident 7's Room >The door had wood that was separating at the bottom. >The door had rough bumps resembling water damage intermittently scattered that were painted over. >The door had chipping paint. On 01/26/2026 at approximately 9:45AM, Surveyor interviewed Residential Manager A (RM-A). RM-A advised s/he would contact maintenance regarding the condition of the door. Cross Reference N0489 DHS 83.44(2)(a) Rooms Clean And Free From Odors	{N 490}		