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 08/13/2026

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 08/13/2026, Surveyor conducted a verification visit at Vista Care North 33rd Place. As a result of the survey, 2 of 5 of the previous deficiencies were corrected and 3 were recited. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census 8	{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 residents individual service plans (ISP) were signed by the resident or the legal guardian for 3 of 3 records reviewed, Resident 1, Resident 4 and Resident 7. This requirement is being cited for a third time. See statement of deficiency (SOD) Z74T12, dated 09/17/2025 and SOD Z74T13, dated	{N 389}		

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

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{N 389}	Continued From page 1 01/29/2026. Findings include: RESIDENT 1 On 08/13/2026, Surveyor reviewed the Resident 1's ISP dated 01/26/2026. The ISP identified Resident 1 had a legal guardian. Further review of the ISP showed it was not signed by his/her legal guardian. RESIDENT 4 On 08/13/2026, Surveyor reviewed Resident 2's ISP dated 07/07/2026. The ISP identified Resident 4 has a legal guardian. Further review of the ISP showed it was not signed by the legal guardian. RESIDENT 7 On 08/13/2026, Surveyor reviewed Resident 7's ISP dated 12/05/2023. The ISP identified Resident 7 had a legal guardian. Further review of the ISP showed it was not signed by the legal guardian or reviewed/updated since 12/05/2023. On 08/13/2026 at approximately 11:30AM, Surveyor interviewed Area Director E (AD-E). AD-E advised s/he has begun auditing resident records to identify ISPs that need updates and signatures. AD-E reported s/he is working towards putting systems in place to ensure ISPs remain updated and signed.	{N 389}		
{N 489}	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall	{N 489}		

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{N 489}	Continued From page 2 make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observations and interviews, the provider did not ensure all rooms were clean and free of odor. This requirement is being cited for a third time. See statement of deficiency (SOD) Z74T12, dated 09/17/2025 and SOD Z74T13, dated 01/29/2026. Findings Include: On 08/13/2026, at 10:50AM, Surveyor toured the building and observed the following: Resident 3 and Resident 4's Shared Bedroom - The edges of the bedroom door and around the doorknob were covered in a dark substance resembling grime. - The edges of the door leading to the bathroom and around the doorknob were covered in a dark substance resembling grime. The substance was also noted to extend horizontally from the doorknob toward the inner side of the doorframe. - The vent closest to the bedroom door was covered in dust. There was dust, debris and a laundry dryer sheet in the corner by the door and along the baseboards. - There was a red-orangish smear above Resident 3's headboard. Resident 5's Bedroom - The vertical blinds had a dark reddish stain/smear - The windowsill was covered in dust, cobwebs and had a dead fly in the corner	{N 489}		

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{N 489}	Continued From page 3 Kitchen - Cabinets and drawers had food and liquid splatters and drips. - Cabinets and drawers were sticky to the touch. - The interior cabinet where spices were kept had rust on the metal brackets, loose spices scattered on the shelves, and residue splattered on the sides. -The backsplash behind the flattop stove was covered in thick residue resembling grease and cooking splatter. -The top part of the vent hood was covered in dust and residue resembling grease. -The under side of the vent hood was covered in residue resembling grease. -The outlet next to the microwave was splattered with food-like substances. -The interior refrigerator door had dry reddish liquid. Front Door - Interior -The interior side of the door and around the doorknob was heavily soiled with a dark substance resembling grime. -The floor on the left and right side of the door had large collection of dirt, dust and debris. -The baseboards on both sides of the door was covered with dirt, dust and debris. On 08/13/2026, at 11:15AM, Surveyor interviewed Area Director E (AD-E). AD-E advised there is a housekeeping checklist that staff have not been utilizing. AD-E stated s/he will ensure staff are completing the tasks and documenting it on the checklist. Cross Reference N0490 DHS 83.44(2)(b) Toilet and Bathing Areas	{N 489}		

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{N 490}	Continued From page 4	{N 490}		
{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 observations and interviews the provider did not ensure toilet and bathing facilities were clean and in working order for 3 of 3 bathrooms. This requirement is being cited for a third time. See statement of deficiency (SOD) Z74T12, dated 09/17/2025 and SOD Z74T13, dated 01/29/2026. Findings Include: On 08/13/2026, at 10:50AM, Surveyor toured the building. Surveyor observed the following: Bathroom 1: Near Resident 3 and Resident 4's Bedroom -The grab bar connected to the wall was covered in a brown substance resembling feces. -The wall with the grab bar heavily soiled with dust and debris. -The floor around the floor-to-wall grab bar was heavily soiled with hair, dirt and dust. -The pedestal of the toilet was heavily soiled with a dried discolored substance, dust and hair. -The floor and baseboard behind the toilet had dust, dirt and debris. -The caulking all the way around the bottom of the toilet had a dark black substance resembling mold. The caulking was in disrepair and was cracking. -The interior of the toilet had a dried substance resembling feces on the bowl and rim. -The bathtub had discarded wipes and was	{N 490}		

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{N 490}	Continued From page 5 covered with dust. Bathroom 2: Across from Resident 7's Room -The toilet had dust, dirt and debris on the floor and baseboard. -There was a black shower chair against the wall that had hair, dirt and dust around the bottom of the legs. -There was a white shower chair inside the shower that had a reddish-orange substance resembling mold. -The tiled shower floor and caulking leading up to the shower walls had a black substance resembling mold. -The floor and baseboard behind the toilet had dust, dirt and debris. -The interior of the toilet had a dried substance resembling feces on the bowl and rim. -The paper towel dispenser had drips of white paint and a brown substance on the surface. Bathroom 3: Next to the Laundry Room -The outside and inside of the shower door was covered in dust, dirt and debris. -The interior of the shower smelled sour upon opening. On 08/13/2026, at 11:15AM, Surveyor interviewed Area Director E (AD-E). AD-E advised there is a housekeeping checklist that staff have not been utilizing. AD-E stated s/he will ensure staff are completing the tasks and documenting it on the checklist. Cross Reference N0489 DHS 83.44(2)(a) Rooms Clean And Free From Odors	{N 490}		