STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014314	A. BUILDING: _____ B. WING _____	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA CARE FLEETWOOD DRIVE	4438 FLEETWOOD DR MANITOWOC, WI 54220

(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 12/02/2025, with information gathered through 12/03/2025, Surveyor conducted a standard survey at Vista Care Fleetwood Drive in Manitowoc. As a result of the survey, 2 deficiencies were issued. Census: 6	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 (Direct Support Professional (DSP) B) employees reviewed had been screened for clinically apparent communicable disease including tuberculosis (TB) within 90 days before the start of employment. DSP B was hired on 04/04/2008. DSP B's	N 220		

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
	0014314	A. BUILDING: _____ B. WING _____	12/03/2025

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VISTA CARE FLEETWOOD DRIVE	4438 FLEETWOOD DR MANITOWOC, WI 54220

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N 220	Continued From page 1 employee record did not contain documentation s/he was screened for communicable disease and TB. Findings Include: On 12/02/2025, Surveyor reviewed DSP B's employee file. DSP B was hired on 04/04/2008. DSP B's employee file did not contain documentation s/he had been screened for communicable disease and received a TB test 90 days before the start of employment. On 12/03/2025 at approximately 9:45 AM, Surveyor received an email from Human Resources C. Human Resources C confirmed the provider did not have the communicable disease screen and the TB test administered 90 days prior to the start of employment.	N 220		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record.	N 302		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014314	A. BUILDING: _____ B. WING _____	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA CARE FLEETWOOD DRIVE	4438 FLEETWOOD DR MANITOWOC, WI 54220

(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 302	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 (Resident 1) residents reviewed was screened within 90 days before or 7 days after admission by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse for clinically apparent communicable disease, including tuberculosis (TB) and documented the results of the screening. Resident 1 was admitted to the facility on 05/09/2023. Resident 1's medical record did not contain documentation of communicable disease screening, including TB, within 90 days before or 7 days after admission to the facility. Findings Include: Resident 1 was admitted to the facility on 05/09/2023. Resident 1's record did not contain documentation of communicable disease screening, including TB, within 90 days before or 7 days after admission to the facility. On 12/02/2025, at approximately 12:30 PM, Surveyor interviewed Regional Manager A. Regional Manager A verified Resident 1's record did not contain documentation of communicable disease screening and TB test within 90 days before or 7 days after admission to the facility.	N 302		